SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #:

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

нио

Product Name: VT 2018 Exchange Filing Rates

Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc.

Product Name: VT 2018 Exchange Filing Rates

State: VermontGMCB

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Filing Type: GMCB Rate
Date Submitted: 05/12/2017

SERFF Tr Num: MVPH-131034103 SERFF Status: Submitted to State

State Tr Num: State Status: Co Tr Num:

Implementation 01/01/2018

Date Requested:

Author(s): Matt Lombardo, Eric Bachner

Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #:

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

нио

Product Name: VT 2018 Exchange Filing Rates

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small

Group Market Type: Employer, Other Explanation for Other Group Market Type: Individual

Overall Rate Impact: Filing Status Changed: 05/12/2017

State Status Changed:

Deemer Date: Created By: Eric Bachner

Submitted By: Eric Bachner Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These are the rates for MVP's 2018 Exchange products.

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2018 and December 31, 2018.

Company and Contact

Filing Contact Information

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

Filing Company Information

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No

Fee Explanation:

SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #:

Filing Company: State: **VermontGMCB** MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2018 Exchange Filing Rates

Project Name/Number:

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: % %

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
MVP Health Plan,	Inc. Increase	6.740%	6.740%	\$3,707,740	4,889	\$55,032,648	10.550%	2.280%

SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #:

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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Product Name: VT 2018 Exchange Filing Rates

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 77566

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Vermont HMO Contract Grp	77566VT005	77566VT005	4618
Vermont HMO Contract Ind	77566VT004	77566VT004	5687

Trend Factors:

FORMS:

New Policy Forms: Affected Forms:

Other Affected Forms: VT Exchange COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 82,377
Benefit Change: Increase

Percent Change Requested: Min: 2.28 Max: 10.55 Avg: 6.74

PRIOR RATE:

Total Earned Premium: 55,032,648.00
Total Incurred Claims: 49,749,513.00

Annual \$: Min: 3,306.24 Max: 8,078.52 Avg: 5,340.38

REQUESTED RATE:

Projected Earned Premium: 58,740,388.00 Projected Incurred Claims: 51,867,763.00

Annual \$: Min: 3,621.60 Max: 8,744.40 Avg: 5,700.18

SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2018 Exchange Filing Rates

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Rate Increase Exhibit 2017-2018 SERFF.xlsx Rate Increase Exhibit 2017-2018 SERFF.pdf 2018 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2018 v2.pdf VT Standard Plan Designs - AV Certification 2017-05-08 Updated for HSA Rpdf Non-Standard AVC Screenshots 2018 Exchange.pdf VT 2018 Exchange Rate Filing SERFF.pdf VT 2018 Exchange Rate Filing SERFF.xlsx 2015 Market Share Report- GMCB.pdf Green Mountain Care Board-FY 2018 Proposed Budget Request.pdf Utilization Data 2018 VT Exchange SERFF.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2018 Federal Act Memo Vermont Exchange.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP complies with the requirements of this regulation.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2018 VT Exchange.pdf
Item Status:	
Status Date:	

SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #: State: **VermontGMCB** Filing Company: MVP Health Plan, Inc. HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO TOI/Sub-TOI: VT 2018 Exchange Filing Rates Product Name: Project Name/Number: Satisfied - Item: Filing Compliance Certification Comments: Attachment(s): Certification of Compliance - VT.pdf **Item Status:** Status Date: Bypassed - Item: Third Party Filing Authorization **Bypass Reason:** N/A Attachment(s): **Item Status: Status Date:** Satisfied - Item: Unified Rate Review Template **Comments:** URRT VT Exchange 2018.xlsm URRT VT Exchange 2018.pdf
UnifiedRateReviewSubmission_20170507132747.xml Attachment(s): **Item Status:**

Status Date:

SERFF Tracking #: MVPH-131034103 State Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2018 Exchange Filing Rates

Project Name/Number: /

Attachment Rate Increase Exhibit 2017-2018 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Coverage Month Adjustments 2018 Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2018 Exchange Rate Filing SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Utilization Data 2018 VT Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRT VT Exchange 2018.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_20170507132747.xml is not a PDF document and cannot be reproduced here.

MVP Health Care Derivation of 2018 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of February 2017																	
			NON-STANDARD PL	ΔNS	1	STANDARD PLANS					1						
	GC		SILV		BRONZE	PLATINUM	GOLD		SILV			BRO	NZE	Catastrophic			
															Total Annual	Average	Average Annual
	HELLE	Non-HDHP	CSR	Non-CSR				CS		Non- HDHP	-CSR Non-HDHP	110110	Non-HDHP		Premium	PMPM	Premium
2018 Proposed Rates	HDHP	NON-HUHP						HDHP	Non-HDHP	нини	NON-HUHP	HDHP	NON-HUHP				
Single Rate	\$587.00	\$624.15	\$489.22	\$489.22	\$438.77	\$728.70	\$616.25	\$521.72	\$545.84	\$521.72	\$545.84	\$442.72	\$438.70	\$301.80			
Couple Rate	\$1,174.00	\$1,248,30	\$978.44	\$978.44	\$877.54	\$1,457.40	\$1,232.50	\$1.043.44	\$1.091.68	\$1.043.44	\$1,091.68	\$885.44	\$877.40	\$603.60			
Adult and Child(ren) Rate	\$1,132.91	\$1,204.61	\$944.19	\$944.19	\$846.83	\$1,406.39	\$1,189.36	\$1,006.92	\$1,053.47	\$1,006.92	\$1,053.47	\$854.45	\$846.69	\$582.47			
Family Rate	\$1,649.47	\$1,753.86	\$1,374.71	\$1,374.71	\$1,232.94	\$2,047.65	\$1,731.66	\$1,466.03	\$1,533.81	\$1,466.03	\$1,533.81	\$1,244.04	\$1,232.75	\$848.06	\$58,740,388	\$475.02	\$5,700.18
•														·			
2017 Approved Rates																	
Single Rate	\$530.99	\$586.08	\$470.40	\$470.40	\$406.28	\$673.21	\$602.52	\$491.74	\$521.73	\$491.74	\$521.73	\$412.52	\$408.10	\$275.52			
Couple Rate	\$1,061.98	\$1,172.16	\$940.80	\$940.80	\$812.56	\$1,346.42	\$1,205.04	\$983.48	\$1,043.46	\$983.48	\$1,043.46	\$825.04	\$816.20	\$551.04			
Adult and Child(ren) Rate	\$1,024.81	\$1,131.13	\$907.87	\$907.87	\$784.12	\$1,299.30	\$1,162.86	\$949.06	\$1,006.94	\$949.06	\$1,006.94	\$796.16	\$787.63	\$531.75			
Family Rate	\$1,492.08	\$1,646.88	\$1,321.82	\$1,321.82	\$1,141.65	\$1,891.72	\$1,693.08	\$1,381.79	\$1,466.06	\$1,381.79	\$1,466.06	\$1,159.18	\$1,146.76	\$774.21	\$55,032,648	\$445.03	\$5,340.38
2018 Proposed Rate Increases																	
Single Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%			
Couple Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%			
Adult and Child(ren) Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%		_	
Family Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%	6.7%	Total Revenue	Change
February 2017 Contracts																	
Single Rate	364	69	860	217	360	313	113	175	180	245	210	742	858	21			
Couple Rate Adult and Child(ren) Rate	141 32	16	218 25	53	93 18	119 23	38	41	55	58 10	48 16	132 23	239 25	2			
Family Rate	114	15	26	35	37	105	15	3	3	58	48	104	100	1			
Total	651	103	1.129	314	508	560	174	225	243	371	322	1.001	1.222	24			
10tai	- 031	103	1,123	317	500	300	1/→	223	243	3,1	744	1,001	1,222	24	1		
2018 Proposed PMPY Revenue	\$6,126.85	\$6,561.94	\$5,778.14	\$5,399.51	\$4,952.15	\$7,611.31	\$6,728.90	\$6,186.53	\$6,463.30	\$5,477.10	\$5,754.31	\$4,826.05	\$5,000.88	\$3,597.03			
2017 Approved PMPY Revenue	\$5,542.24	\$6,161.69	\$5,555.85	\$5,191.79	\$4,585.45	\$7,031.71	\$6,578.98	\$5,831.03	\$6,177.81	\$5,162.37	\$5,500.14	\$4,496.85	\$4,652.06	\$3,283.80			



Contact Information

Company Information

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

Primary Contact Information

Contact Name: Eric Bachner, ASA
Contact Title: Senior Actuarial Analyst
Primary Contact Phone #: 1-800-777-4793, ext. 7213

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: ebachner@mvphealthcare.com

ACTUARIAL MEMORANDUM 2018 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2018 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2018 and 12/31/2018. There are no benefit plans being retired, and there are 3 new base plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing as well as forms for the new plans. The proposed rates reflect an average rate adjustment to prior rates of 6.7%, ranging from 2.3% to 10.5%.

Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2018)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. A description of benefits is included in Exhibit 1 of the rate filing. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2017 to 2018. Please note that MVP has changed its internal naming structure for its plans for 2018, and Exhibit 1A displays both the old plan name from 2017 as well as the new plan. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 4,889 policyholders, 6,847 subscribers and 10,305 members based on February 2017 membership.

Experience Period Claims

MVP Health Plan, Inc. historical claim data was the basis of the premium rate development. ACA compliant individual and small employer group data are included in the experience period data set. There were no products excluded.

MVP combined the experience of these separate pools of data to satisfy the single risk pool requirement of the Federal ACA as well as Vermont rating requirements. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/16 and 12/31/16, paid through 2/28/17. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/17.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid index rate PMPM separately for ACA compliant small group and individual data. Market-wide adjustments and trend projections are being made to each of these experience period data sets which are then combined to determine the single risk pool paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

Summary of Experience Period Non-FFS and Capitation Amounts

	Post-ACA Individual / Small Group
Other Medical Expenses not in claim warehouse	\$3.23
Net Reinsurance Expense	\$0.21
Wellstyle Rewards	\$0.00
Medical Home and PCP Incentive	\$2.06
Chiropractic Cap	\$0.68
18 VSA 9374(h) Billback	\$1.30
Total Non-FFS and Capitation Amounts	\$7.48

^{*}Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 * 1.249% + the applicable value shown above.

Adjustments to Experience Period Claims

MVP made an adjustment to ACA Compliant Individual claims to reflect the impact of cost-sharing reduction (CSR) payments received from the State of VT and Federal Government for 2016 dates of service. MVP's claim system processes CSR member claims to reflect MVP's expense without CSR payments as well as with CSR payments. The difference between these two amounts equals the CSR payment MVP will receive from the State and Federal Government which is reflected in line 4 of Exhibit 3. Because of the magnitude of these CSR payments as a percentage of MVP's total claim liability, any potential State or Federal regulations defunding these payments would leave MVP's proposed premium rates inadequate to cover the benefits of the proposed plans. Should these payments be defunded between the current date and the beginning of the coverage effective date, MVP will pursue modifications to its premium rates to cover this potential shortfall.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

Experience period Rx rebates are reflected in line 8 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period.

Category for Rating	Rx Rebates	Rx Claims	Rebate %
ACA Compliant Small Group	(\$355,459)	\$2,680,819	-13.3%
ACA Compliant Individual	(\$365,608)	\$1,995,421	-18.3%
Total	(\$721,067)	\$4,676,240	-15.4%

To account for volatility in high cost claims, claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 15.2% was determined by computing the annual average cost of claims in excess of \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2014 and December 2016. Note that claims were capped at MVP's corporate reinsurance attachment point of \$675,000 as MVP will not be at risk for these claim amounts. Please see below for the high cost claim percentage by year:

Time Period	High Cost Claim %
CY2014	11.1%
CY2015	18.5%
CY2016	15.3%
Average	15.2%

Market-Wide Adjustments to Experience Period Claims

Two adjustments to the experience period incurred claim cost were necessary to adjust for items not captured in the experience period or that will not be applicable during the rating period. The adjustments are explained below.

Adjustment for Average Policy Duration Reflected in Experience Period

MVP is making an adjustment to the claim projection for the impact of membership not representing a full 12-month contract over the experience period. Because deductibles are present in most of these products, paid claims are suppressed in the early months of a member's contract and are higher than average in later contract months. Therefore if the experience period membership is not evenly distributed by contract month, an adjustment to the claim costs should be made to reflect the expected claim costs for a 12-month contract period.

To determine the adjustment factor for the experience period claims cost, MVP used deductible suppression factors which were developed by analyzing commercial claims for members with 12 months of medical and Rx benefit coverage. MVP assumed that allowed claims were uniformly distributed by month and determined the expected paid claim cost for a given month relative to the average paid amount for 12 months. Factors were developed for a number of different deductible levels, and MVP split its experience period membership by these deductible levels to compute the appropriate adjustment factors.

An upward adjustment was required for the ACA Compliant Small Group and Individual data due to MVP's membership in these pools being more heavily weighted towards earlier contract months. This is consistent with MVP's increasing membership over the time period.

The impact of this adjustment can be found in line 15 of Exhibit 3. Please see the attached file, "Coverage Month Adjustments 2018 Exchange SERFF.xlsx" which provides a calculation of these factors for each cohort.

Adjustment for Impact of Leap Year during Experience Period

MVP has made a downward adjustment to the experience period claim expense to reflect the fact that 2016 was a leap year and therefore had one extra day than the rating period. This adjustment factor is equal to 365/366 (approximately 0.997) and can be found in line 16 of Exhibit 3.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2017 and 2018 is illustrated in Exhibit 2a. MVP has performed regression analysis on its historical data which indicates that a positive utilization trend is justified and necessary to reflect an increase in the number of services being performed over time. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network as of the filing date.

As stated previously, MVP analyzed historical utilization patterns to determine whether a utilization trend is justifiable. Claims were aggregated from MVP's historical business in Vermont, including ACA Compliant Small Group and Individual and non-ACA Compliant Large Group and Small Group business, for the time period January 2014 to December 2016. For purposes of this analysis, a service is counted as a unique member plus date of service combination (with the exception of Inpatient services, which are measured in length of stay in days). Services are bucketed into Inpatient, Outpatient, or Physician based on the place of service. Raw Utilization data was completed with IBNR factors and normalized for changes in age over time.

The data was then aggregated by rolling twelve-month time periods over the 36 months (providing 25 rolling twelve month periods to analyze). MVP has seen flat to negative utilization trends over the course of earlier time periods, however there is an increase in utilization over the recent time period (rolling twelve-month ending dates of December 2015 and forward). Therefore, MVP made the December 2015 end date as its starting period for its regression analysis.

MVP plotted utilization against a numeric indicator (with rolling twelve ending December 2015 as 1 and increasing by 1 each month) and fit these points with a logarithmic line of best fit. MVP chose a logarithmic curve because of its tendency to have a reduced slope over time. The curves were tested using R-squared analysis. After performing this analysis, MVP determined that the R-squared of the Inpatient data was not high enough to justify that utilization was increasing over time, but the Outpatient and Physician lines did justify the use of a trend.

MVP calculated the Outpatient and Physician utilization trends by comparing the output of the logarithmic curve at time period 13 (the experience period) to the output at time period 37 (the rating period). This trend was then annualized and appears in Exhibit 2A (1.1% annually for Outpatient and 0.5% annually for Physician). Please see the attached file, "Utilization Data 2018 VT Exchange SERFF.xlsx", for this utilization data and a detail of the calculations used to determine these trends.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's entire book of business (consistent with the data in MVP's benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 4.2%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 4.7% which can be found in line 18 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont data over the experience period by drug class. Small group and Individual data was not separated as these blocks alone would not have been credible enough to produce a reliable forecast. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2017/2018 can be found in Exhibit 2b.

MVP received 2018 forecasted Rx rebate information from its PBM which is reflected in the projected Rx rebate calculation. Separate rebate per script information has been provided for brand and specialty drugs. These amounts were applied to MVP's projection period brand and specialty script utilization to obtain a PMPM estimate of the rebates in the projection period and equals \$11.99 PMPM across all blocks in 2018.

The average annual allowed Rx trend in this filing is 11.9%, and the average annual paid Rx trend net of Rx rebates is 12.7% which can be found in line 19 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 20 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 20, the following calculation is performed: [line 6 * line 18 + line 9 * line 19] / [line 6 + line 9].

Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 23 and 24 of Exhibit 3 represents MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 24 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Capitation and Non-FRDM Expense Reflected in Rate Filing	

Other Medical Expense not in warehouse	\$2.72
Chiro Cap	\$0.68
Acupuncture Cap	\$0.03
Net Reinsurance Expense	\$0.21
Medical Home and PCP Incentive (VT Blueprint)	\$2.06
18 VSA 9374(h) Billback	\$3.10
Total	\$8.80

Upon further research between the prior filing (SERFF# MVPH-130558905) and this one, MVP has determined that "Expenses incurred to obtain information, analyze expenditures, review hospital budgets, and for any other contracts authorized by the board" (18 V.S.A § 9374 (h)(1)) have both not been previously included in prior filings as well as have been increasing substantially for the past two years. MVP is therefore building this expense into the rates based on its portion of the Green Mountain Care Board's proposed FY18 budgeted billback amount of \$3,743,883 (page 6 of the attached Report, sum of the three lines labeled "Health Care Billback"). MVP's portion of this amount is estimated by taking the budgeted billback amount divided by 4 (because the amount billed to hospitals and insurance carriers is split

evenly between hospitals, health insurance companies, medical service corporations, and health management organizations), which amounts to \$935,971.

Based on the attached 2015 Vermont Annual Statement Supplement Market Share Report, MVP Health Plan has approximately 40.9% of the Article 44 (HMO) business in Vermont. This equates to a share of \$382,812 for FY18 for MVPHP. MVP has 10,305 members enrolled on its Health Plan line as of February 2017. This means that the estimated amount due to MVP is \$37.15 PMPY or \$3.10 PMPM. Also, based on guidance from the GMCB, the assessment to fund the Health Care Advocate included in the previous filing is included in the total amount above.

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2018 and equal 0.999%.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2016 provided by CMS, MVP is slated to pay \$249,794 into the merged market transfer pool for 2016. This is \$3.03 on a PMPM basis or approximately 0.8% of experience period claims. However, MVP has learned based on conversations between MVP and the state that these interim results reflect claims paid through November 2016 for approximately 90% of the market, whereas MVP's data submission reflected claims paid through December 2016.

MVP has therefore assumed the market-wide average risk factor by comparing how MVP-specific risk factors change from November to December. MVP has compared its entire ACA-compliant book of business for 2016 paid through November to its entire book of business for 2016 paid through December and found that yearly risk score increased by approximately 4.1% with an added month of data. To simulate the increase to the market-wide average risk score, MVP has then assumed that 91.2% of the merged market (based on comparing MVP's membership as of December 2016 to publicly available membership for December 2016) will increase by 4.1% while the remaining 8.8% (reflecting MVP's market share) will not change. This results in a 3.7% increase in MVP's estimated liability for 2016.

Finally, CMS has proposed a change to the risk adjustment formula that removes a percentage of the money paid into/out of the transfer pool to reflect the portion of premium which is not claim-related. This percentage is 14%, so MVP has multiplied its projected 2016 payment by 0.86 to reflect the projected payment for 2018. This ultimate projected liability is \$1,350,446 and is approximately 3.9% of MVP's Paid Index Rate PMPM for 2018. This amount is converted to a PMPM basis and reflected in line 26 on Exhibit 3.

Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 27 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2018. This is the starting net claim cost that will be used to set 2018 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:

Adjusted Claim Cost For Pricing | Projected Paid Index Rate After Adjustments PMPM (line 27 of Exhibit 3) (see Exhibit 6) [Avg Inforce Actuarial Value * Induced Utilization Factor]

Plan Specific Net Claim Cost PMPM = Adjusted Claim Cost for Pricing * Benefit Actuarial Value * Plan Induced Utilization Factor (see Exhibit 6)

The Plan Specific Gross Claim Cost PMPM for each plan is derived by making adjustments to the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of premium non-claim expense loads.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect induced utilization in the projection of the net paid amounts for each unique benefit plan. The same benefit pricing tool was used to compute the average inforce benefit actuarial value which equals 0.700.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The member weighted average inforce induced utilization factor over the experience period equals 1.042 and the experience period actuarial value times induced demand factor (0.735) can be found in Exhibit 6.

Non Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

Federal Taxes PMPM based

A total of \$0.35 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.14 HHS risk adjustment user fee and \$0.21 Patient Centered Outcome Research Fee.

Federal Taxes Premium based

The ACA Insurer Tax is being reinstated for 2018 dates of service. MVP is adding an expense load equal to 1.0% of premium to account for this tax. The load was derived based on the anticipated cost of this tax as a percentage of MVP Health Plan, Inc. revenue in 2018.

State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$38.10 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2016 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.81 PMPM of the \$38.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2014, 2015, and 2016 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2014	\$45.43
Small Group	2014	\$43.01
Combined	2014	\$43.87
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51

^{*}Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

Contribution to Reserves/Risk Charge

MVP is building a 2.0% contribution to reserves/risk charge into the VT Exchange premium rates for 2018. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2017 Exchange filing and is consistent with MVP's historical experience for this block.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM and is unchanged from the cost of this rider in 2017.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of February 2017, 24 of the 28 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.618 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 6 for this plan.

Catastrophic Plan Level Adjustment						
	HHS Age Factor					
Ages 0-29, Meeting Subscriber Qualifications	1.045					
Single Risk Pool Total	1.691					
Catastrophic Adjustment	0.618					

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 6 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2017. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 89.6%. Please see the following table for a calculation of these loss ratios:

Target Loss Ratio for 2018 VT Exchange								
A) Claims Expense	\$437.48							
B) Taxes/Assessments	\$2.83							
C) Quality Improvement	\$3.81							
D) Premium	\$495.25							
E) Traditional Loss Ratio	88.3%							
= A) / D)								
F) Federal Loss Ratio	89.6%							
= [A) + C)] / [D) - B)]								

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. Note that the ACA Compliant Individual claim expense reflects expected recoveries from the 2016 Federal Reinsurance Program which is not reflected in the experience period data shown in Exhibit 3. The data presented below does not reflect the impact of the Federal Risk Adjustment or Risk Corridor programs. MVP does not anticipate having to rebate members for 2016 per the ACA minimum MLR requirements.

VT Data Pool	Member Months	Total Claims PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
ACA Compliant Small Group	37,600	\$433.58	\$436.72	\$13.92	\$3.16	99.3%	103.3%
ACA Compliant Individual	44,777	\$313.39	\$415.39	\$13.37	\$3.16	75.4%	78.7%
Small Group + Individual Single Risk Pool	82,377	\$368.25	\$425.13	\$13.62	\$3.16	86.6%	90.3%

Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2017, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the February 2017 enrollment of the population eligible to purchase these products, or 10,305 members. On Worksheet 2 of the URRT, members are mapped based on their February 2017 benefit to the same benefits for 2018.

Actuarial Certification

I, Eric Bachner, am an Associate of the Society of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes

and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2018 plan year after this filing is submitted, including changes to the enforcement of the individual mandate, repeal of the individual mandate or changes to rules around selling across state lines, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2018 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

Eric Bachner, ASA

Senior Actuarial Analyst MVP Health Care, Inc.

05/12/2017

Date

Small ACA

Adjustment Factors by Deductible Level

Percent of Total Member Months

Factors								Coverage Month																	
Deductible													Deductible												
Level	1	2	3	4	5	6	7	8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$150	0.98	0.98	0.99	1.00	1.00	1.00	1.01	1.01	1.01	1.01	1.01	1.01	\$150	2.7%	2.6%	2.6%	2.5%	2.5%	2.4%	2.3%	2.2%	2.2%	2.0%	2.0%	1.9%
\$650	0.92	0.92	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.04	\$650	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
\$750	0.92	0.92	0.96	0.99	1.00	1.01	1.02	1.03	1.03	1.04	1.04	1.04	\$750	0.6%	0.5%	0.5%	0.5%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
\$1,550	0.87	0.87	0.94	0.98	1.00	1.02	1.03	1.04	1.05	1.06	1.07	1.07	\$1,550	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%	0.7%	0.7%
\$2,000	0.85	0.85	0.93	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.08	1.08	\$2,000	1.6%	1.6%	1.5%	1.5%	1.4%	1.3%	1.3%	1.2%	1.0%	0.9%	0.8%	0.8%
\$2,400	0.83	0.83	0.92	0.97	1.00	1.02	1.04	1.06	1.07	1.08	1.09	1.09	\$2,400	1.6%	1.5%	1.5%	1.5%	1.4%	1.5%	1.4%	1.4%	1.4%	1.3%	1.1%	1.0%
\$4,000	0.80	0.80	0.88	0.95	0.99	1.03	1.05	1.07	1.09	1.10	1.12	1.13	\$4,000	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.5%	0.5%	0.5%
\$4,400	0.79	0.79	0.88	0.94	0.99	1.03	1.05	1.08	1.09	1.11	1.12	1.13	\$4,400	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%	0.8%	0.7%	0.7%	0.7%
\$5,000	0.78	0.78	0.87	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.13	1.14	\$5,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%

Avg Policy Duration Factor

Inverse of Factor 1.008

0.992

FFS Experience Period Claim Expense After Pooling Adjustment \$403.44

Market-Wide Claim Adjustment \$3.31

Individual ACA

Adjustment Factors by Deductible Level

Percent of Total Member Months

	Factors								Coverage Month																
Deductible													Deductible												
Level	1	2	3	4	5	ϵ	5 7	8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$0	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$60	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$60	1.4%	1.4%	1.3%	1.1%	1.1%	0.9%	0.7%	0.6%	0.5%	0.5%	0.4%	0.3%
\$100	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01	1.01	1.01	\$100	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$150	0.98	0.98	0.99	1.00	1.00	1.00	1.01	1.01	1.01	1.01	1.01	1.01	\$150	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%
\$300	0.96	0.96	0.98	1.00	1.00	1.01	1.01	1.01	1.02	1.02	1.02	1.02	\$300	0.8%	0.8%	0.7%	0.6%	0.6%	0.5%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%
\$500	0.94	0.94	0.97	0.99	1.00	1.01	1.02	1.02	1.02	1.03	1.03	1.03	\$500	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
\$600	0.93	0.93	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.03	\$600	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$650	0.92	0.92	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.04	\$650	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$700	0.92	0.92	0.97	0.99	1.00	1.01	1.02	1.03	1.03	1.03	1.04	1.04	\$700	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%
\$750	0.92	0.92	0.96	0.99	1.00	1.01	1.02	1.03	1.03	1.04	1.04	1.04	\$750	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$1,200	0.89	0.89	0.95	0.98	1.00	1.02	2 1.03	1.04	1.04	1.05	1.05	1.06	\$1,200	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
\$1,400	0.88	0.88	0.94	0.98	1.00	1.02	2 1.03	1.04	1.05	1.06	1.06	1.07	\$1,400	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
\$1,550	0.87	0.87	0.94	0.98	1.00	1.02	2 1.03	1.04	1.05	1.06	1.07	1.07	\$1,550	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%
\$1,600	0.87	0.87	0.94	0.98	1.00	1.02	2 1.03	1.04	1.05	1.06	1.07	1.07	\$1,600	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%
\$2,000	0.85	0.85	0.93	0.97	1.00	1.02	2 1.04	1.05	1.06	1.07	1.08	1.08	\$2,000	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
\$2,400	0.83	0.83	0.92	0.97	1.00	1.02	2 1.04	1.06	1.07	1.08	1.09	1.09	\$2,400	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
\$4,000	0.80	0.80	0.88	0.95	0.99	1.03	3 1.05	1.07	1.09	1.10	1.12	1.13	\$4,000	2.5%	2.5%	2.4%	2.3%	2.1%	2.1%	2.0%	1.9%	1.8%	1.8%	1.6%	1.6%
\$4,400	0.79	0.79	0.88	0.94	0.99	1.03	3 1.05	1.08	1.09	1.11	1.12	1.13	\$4,400	1.8%	1.7%	1.6%	1.4%	1.3%	1.2%	1.2%	1.0%	1.0%	0.9%	0.7%	0.6%
\$5,000	0.78	0.78	0.87	0.93	0.98	1.02	2 1.06	1.08	1.10	1.12	1.13	1.14	\$5,000	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%
\$6,850	0.76	0.76	0.85	0.92	0.97	1.02	2 1.05	1.09	1.11	1.14	1.15	1.17	\$6,850	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%

Avg Policy Duration Factor 0.986

Inverse of Factor 1.014

FFS Experience Period Claim Expense After Pooling Adjustment \$325.34

Market-Wide Claim Adjustment \$4.55



ACTUARIAL CERTIFICATION FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE Gold 3 HDHP Plus 2400 Silver 2 HDHP Plus 4800 Bronze 1 HMO Plus 6000

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange. Standard and non-standard Plans are offered. Standard plans are prescribed by the State of Vermont and are separately certified where necessary by an actuary representing Wakely Consulting Firm. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus 2400, Silver 2 HDHP Plus 4800, and Bronze 1 HMO Plus 6000, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2018 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 216,000 covered MVP commercial members. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1000 and average unit cost per service data for all of the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. I used the AV Calculator to determine the Federal AV for the plan provisions that do fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus 2400 were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Aggregate Family Deductible

Safe harbor prescription drug benefits excluded from the plan deductible

The following 3 benefit features for the Silver 2 HDHP Plus 4800 were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

"Stacked" Aggregate Family Deductible and OOP Max

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 4800 73% cost-sharing reduction plan were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 4800 77% cost-sharing reduction plan was determined to not fit the Federal Calculator:

VT secondary Rx OOP max

The following benefit feature for the Silver 2 HDHP Plus 4800 87% and 94% cost-sharing reduction plans was determined to not fit the Federal Calculator:

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Bronze 1 HMO Plus 6000 was determined to not fit the Federal Calculator: VT secondary Rx OOP max

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus 2400 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	75.60%	78.36%
Gold 3 HDHP Plus 2400 including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.40%	78.12%
Silver 2 HDHP Plus 4800 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	63.40%	67.01%
Silver 2 HDHP Plus 4800 including the secondary Rx OOP max, the "stacked" aggregate family deductible and the safe harbor drug benefit	64.80%	68.48%
Silver 2 HDHP Plus 4800 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	68.30%	71.37%
Silver 2 HDHP Plus 4800 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	70.60%	73.73%
Silver 2 HDHP Plus 4800 77% CSR with no secondary Rx OOP max	75.00%	76.79%
Silver 2 HDHP Plus 4800 77% CSR including the secondary Rx OOP max	75.40%	77.17%
Silver 2 HDHP Plus 4800 87% CSR with no safe harbor drug benefit	85.40%	87.56%
Silver 2 HDHP Plus 4800 87% CSR including the safe harbor drug benefit	85.50%	87.65%
Silver 2 HDHP Plus 4800 94% CSR with no safe harbor drug benefit	92.60%	94.90%
Silver 2 HDHP Plus 4800 94% CSR including the safe harbor drug benefit	92.60%	94.90%
Bronze 1 HMO Plus 6000 with no secondary Rx OOP max	57.70%	60.65%
Bronze 1 HMO Plus 6000 with secondary Rx OOP max	58.70%	61.75%

Actuarial Adjustment factor for Gold 3 Plan: 0.997 = 75.40% / 75.60%Final Federal AV for Gold 3 Plan: $78.36\% \times 0.997 = 78.12\%$

Actuarial Adjustment factor for Silver 2 Plan: 1.022 = 64.80% / 63.40%

Final Federal AV for Silver 2 Plan: 67.01% x 1.022 = 68.48%

Actuarial Adjustment factor for Silver 2 73% Plan: 1.033 = 70.60% / 68.30% Final Federal AV for Silver 2 73% Plan: $71.37\% \times 1.033 = 73.73\%$

Actuarial Adjustment factor for Silver 2 77% Plan: 1.005 = 75.40% / 75.00% Final Federal AV for Silver 2 77% Plan: $76.79\% \times 1.005 = 77.17\%$

Actuarial Adjustment factor for Silver 2 87% Plan: 1.001 = 85.50% / 85.40% Final Federal AV for Silver 2 87% Plan: $87.56\% \times 1.001 = 87.65\%$

Actuarial Adjustment factor for Silver 2 94% Plan: 1.000 = 92.60% / 92.60%

Final Federal AV for Silver 2 94% Plan: 94.90% x 1.000 = 94.90%

Actuarial Adjustment factor for Bronze 1 Plan: 1.018 = 58.70% / 57.70%

Final Federal AV for Bronze 1 Plan: 60.65% x 1.018 = 61.75%

CERTIFICATION

I, Matthew Lombardo, Associate Director of Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2018 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).

Matthew Lombardo, FSA, MAAA

Associate Director, Actuarial Services

When Jordan

MVP Health Care

05/09/2017

Date



May 8, 2017

Mr. Dana Houlihan
Director, Enrollment Policy & Plan Management
VT Health Connect
Department of Vermont Health Access
Via Email Only

Re: State of Vermont Actuarial Value Certification for 2018 Standard Plan Designs - Revised

Dear Dana:

This memo replaces an earlier version provided on February 24, 2017. The Internal Revenue Code for 2018 per § 223(c)(2)(A), released on May 4, 2017¹, stated that the individual minimum deductible for High Deductible Health Plans (HDHP) would increase \$50 to \$1,350 from the 2017 minimum at \$1,300. Additionally, Vermont's statute (H.559 Sec. 32. 8 V.S.A. § 4089) on prescription drug deductibles and MOOPs, is tied to the same minimum deductible for HDHPs. This statute is described in more detail below. The prior memo did not incorporate any changes to the HDHP plans as the limits had not yet been released. This iteration of the memo updates the Silver and Bronze HDHPs to have a pharmacy deductible and pharmacy MOOP equal to the IRS minimum of \$1,350 in order to maintain status as an HDHP. Similar changes were made to the Cost sharing reduction plan (CSR) designs tied to the silver HDHP at the 73% and 77% AV levels. The deductible plans have not been updated since they do not need to comply with the IRS limits and they continue to comply with the Vermont statute. The prescription drug deductibles for the deductible plans may be updated for 2019 to be consistent with the HDHPs.

The Green Mountain Care Board has given prior approval to change the prescription drug deductibles and maximum out of pockets for the HDHPs if required due to changes in the 2018 IRS specified minimum deductible and in order to qualify as an HDHP in 2018.

Additionally, the proposed regulation expanding the low end of the de minimis range from -2% to -4% was finalized in the Market Stabilization Final Rule for 2018² released on April 18, 2017. No changes were

¹ https://www.irs.gov/pub/irs-drop/rp-17-37.pdf

² https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-07712.pdf



made to the standard plan designs for 2018 as all plans were still within the de minimis range. However, we have updated any references to the acceptable AV range to account for this change.

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs prior to 2018. For example, any plan design that has an AV from 68-72%, is considered a Silver plan.

Beginning in 2018, Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans (HDHPs), or plans that cover at least one major service, other than preventive, prior to the deductible. The Bronze HDHP plan would qualify for the expanded range, but the Bronze Deductible plan would not.

Also beginning in 2018, the de minimis range for all other metal tiers has been expanded to -4% on the low end (the high end of the range would remain at +2%). For example, a Silver plan could have an AV from 66-72%. This change did not impact the resulting standard plan designs.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2018 Actuarial Value Calculator (AVC)³ that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2017, one Platinum, one Gold, two Silver, and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a HDHP at each of the Silver and Bronze levels. For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (federal), 77% (Vermont specific), 87% (federal), and 94% (federal) AV levels. In 2018, the 2017 standard plan designs are all continuing and the State is adding a second traditional deductible Bronze plan. Due to regulatory constraints and additional pressure

³ http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html



on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs as described below. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range described above.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2017 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum the medical deductible was increased and the emergency department visits were made subject to the deductible
- Gold the coinsurance applicable to hospital and radiology services was increased and the emergency department visits were made subject to the deductible
- Silver Deductible the medical deductible, drug deductible, combined medical/drug MOOP, specialist copay, and urgent care copay were all increased
- Bronze Deductible the medical deductible, drug deductible, and combined medical/drug MOOP were all increased
- Silver HDHP the coinsurance applicable to all medical services except preventive, primary care
 and mental health/substance abuse office visits, the pharmacy deductible, the pharmacy MOOP,
 and the embedded individual MOOP were increased
- Bronze HDHP the combined medical/drug deductible, the pharmacy deductible, the pharmacy MOOP, and the embedded individual MOOP were increased

For the Silver and Bronze HDHPs, all carriers will have the same plan design. In 2016 and 2017, there were two options from which the issuers may choose at each level. Beginning in 2016, the regulations⁴ required that all individuals, even those in non-self only contracts, have an out of pocket limit no more than the single limit (\$6,850 in 2016, \$7,150 in 2017, and \$7,350 in 2018). This impacts HDHPs where the aggregate MOOP application could require an individual to have out of pocket costs higher than the individual limit. Compliance with this regulation can be done by adjusting the family MOOP in two ways. The first option has an aggregate family medical MOOP with an embedded \$7,350 individual maximum. The second option has a stacked family medical MOOP. Both options comply with the federal regulations on individual maximum out of pocket costs. The first option had operational challenges, therefore, the issuers were allowed to choose either option for the HDHP standard plans in 2016 and 2017. For 2018, it is our

⁴ http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf



understanding that all issuers will be able to administer the first option. Therefore, only this option is presented for 2018.

In addition to the standard plans, starting in 2016 the State of Vermont is requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Four of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix C and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

Executive Summary

A summary of Vermont's standard plan designs is in Appendix D. The Silver HDHP and two of the three Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

• Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and



aggregate⁵. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$7,350, the MOOP must either be stacked or there must be an embedded individual MOOP of \$7,350. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.

• Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,300 and \$2,600 for individual and family coverage in 2017, increasing to \$1,350 and \$2,700 for individual and family coverage in 2018). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,350 and \$2,700 for individual and family coverage in 2018) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,350 for individual or \$2,700 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,350 or \$2,700, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

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⁵ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.



- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).
- If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix E contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these dental services would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug and pediatric dental benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.



	Plan	Adjusted Acceptable Range
	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
Deductible Plans	Silver	66.0%-72.0%
	Bronze (Continuing, with drug limit)	56.0%-61.5%
	Bronze (New, without drug limit)	56.0%-64.5%
HDHPs	Silver - Embedded MOOP	66.0%-71.0%
приьз	Bronze - Embedded MOOP	56.0%-64.0%
	250-300% FPL (73% AV)	72.0%-74.0%
Cost Sharing Reduction Plan	200-250% FPL (77% AV)	76.0%-78.0%
Designs - Deductible Plans	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
	250-300% FPL (73% AV)	72.0%-73.0%
Cost Sharing Reduction Plan	200-250% FPL (77% AV)	76.0%-77.0%
Designs - HDHPs	150-200% FPL (87% AV)	86.0%-87.0%
	133-150% FPL (94% AV)	93.0%-94.0%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV. The pediatric dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed an HDHP model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, both models include all members regardless of duration), there are also differences (for example, only group data is included in the HDHP model, while the AVC includes both small group and individual experience).

If a plan does have substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to "fit" it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for



the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the HDHP model that Wakely developed and the process used to adjust the actuarial values from the AVC.

HDHP Model

Anticipating the need to quantify some of Vermont's unique plan design features, in mid-2012 Wakely developed an HDHP model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. For the 2016 AV adjustments, this model was updated with more recent data and an option was added to account for embedded/stacked MOOPs.

In developing the model Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target a specific population for the model and reduce the amount of records to work with. The data used included:

- Allowed commercial medical and prescription drug data that was incurred in 2012 (an attempt was made to update the data but was not possible due to timing issues)
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual
- Limited to members in select payer ids

After all filters were applied, the remaining data included allowed claims and membership for approximately 2.3 million member months.

The methodology developed for the HDHP model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the HDHP model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The HDHP model allows a user to enter the following:



- Medical and Prescription drug deductible amounts for both individual and family contracts. These
 amounts can differ but the model assumes the amounts are always integrated, or that both
 medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs. This changed from Option 1 due to the new federal regulations in 2016.

Options		Costs that Accumulat	te	Deductible / MOOP Type				
	Deductible	Maximum Out-of	-Pocket (MOOP)					
		Medical	Rx					
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate				
2	Medical & Rx	Medical & Rx	Rx Only	Stacked				
3	Medical & Rx	Medical Only	Rx Only	Aggregate				
4	Medical & Rx	Medical Only	Rx Only	Stacked				
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked				
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible				
				/Aggregate MOOP with				
				Embedded Ind MOOP (can also				
				be used for Stacked MOOP)				

Adjusted AV Calculations

Using the federal AV calculator and the HDHP model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

- The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The HDHP model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were



developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.

- b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
- c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$7,350.
- 3. The resulting AV from the HDHP model is used as the final AV for tier placement.

The HDHP model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze⁶ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the HDHP model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

- 1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.
- 2. The HDHP model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the HDHP model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The HDHP model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the

⁶ Only the continuing Bronze plan needs to be adjusted. The new bronze plan is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



- HDHP model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
- c. The HDHP model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
- 3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the HDHP model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

Disclosures and Limitations

Responsible Actuary. Julie Peper is the actuary responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. She meets the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is



incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Final 2018 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.

Subsequent Events. Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to changes to regulations passed subsequent to this report. In particular, differences between the current regulations of the ACA and the American Health Care Act (AHCA) or further finalized legislation.

Contents of Actuarial Report. This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit C.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact me.

Sincerely,

Julie A. Peper, FSA, MAAA

Principal and Senior Consulting Actuary

Brittney Phillips, ASA, MAAA

Consulting Actuary



Appendix A

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2018

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, LLC. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2018 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- The final 2018 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, two Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, and Silver Deductible CSR 77%) that will be effective as of January 1, 2018 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.



Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Julie A. Peper, FSA, MAAA

May 8, 2017



Appendix B – Summary of Plan Design Changes from 2017 Designs

	Deductible Plans					
Plan	Platinum Gold rease deductible to \$300 from \$250 Make ER visits subject to the deductible ke ER visits subject to the deductible Increase coinsurance to 30% from 20%					
	Increase deductible to \$300 from \$250	Make ER visits subject to the deductible				
Changes	Make ER visits subject to the deductible	Increase coinsurance to 30% from 20%				
		Applies to inpatient, outpatient, and radiology				

	Deduc	tible Plans
Plan	Silver	Bronze
	Increase medical deductible to \$2,600 from \$2,150	Increase medical deductible to \$5,000 from \$4,600
	Increase Rx deductible to \$300 from \$150 Increase Rx deductible to \$900 from	
Changes	Increase combined medical/Rx MOOP to \$6,800 from \$6,000	Increase combined medical/Rx MOOP to \$7,350 from \$7,150
	Increase specialist office visit copay to \$75 from \$65	
	Increase urgent care copay to \$80 from \$60	

	н	OHPs OHPS
Plan	Silver - Embedded MOOP	Bronze – Embedded MOOP
	Increase embedded single MOOP to \$7,350 from \$7,150	Increase combined medical/Rx deductible to \$5,250 from \$5,050
	Increase coinsurance to 30% from 25%	Increase embedded single MOOP to \$7,350 from \$7,150
Changes	Applies to all medical services except preventive, PCP, and	Increase Rx Deductible and MOOP to \$1,350 from \$1,300
	MH/SA office visits	
	Increase Rx Deductible and MOOP to \$1,350 from \$1,300	

Additionally, a new Bronze deductible plan is being added for the 2018 plan year. Due to regulatory constraints and additional pressure on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range.



Appendix C – Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

ASOP 23: Data Quality

- <u>3.1 Overview</u> VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.
- $\underline{\text{3.2 Selection of Data}}$ The data was considered reasonable for our analysis subject to the following considerations
 - a. The data sources contained all material data elements.
 - b. The following considerations were reviewed as part of our analysis:
 - 1. Data was appropriate and sufficiently current. The data was for similar/same populations and the most applicable data set available.
 - 2. Data was reasonable and comprehensive of the necessary data elements.
 - 3. There were no known, material limitations of the data.
 - 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 - 5. Alternative data sets were not deemed necessary to complete the analysis.
 - 6. Sampling methods were not required.
- <u>3.3 Reliance on Data Supplied by Others</u> Reliance is discussed in the management report to which this appendix is attached.



- <u>3.4 Reliance on Other Information Relevant to the Use of Data</u> We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.
- <u>3.5 Review of Data</u> We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.
- 3.6 Limitation of the Actuary's Responsibility We did not audit the data.
- <u>3.7 Use of Data</u>— Use and adjustments to the data are discussed in this management report. In addition:
- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

ASOP 41: Actuarial Communications

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

3.1 General Requirements for Actuarial Communications

- <u>3.1.1 Principal and Scope of Engagement</u> These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.
- <u>3.1.2 Form and Content</u> The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.



- <u>3.1.3 Timing of Communication</u> This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
- <u>3.1.4 Identification of Responsible Actuary</u> The responsible actuary is identified in the attestation and this management report.
- <u>3.2 Actuarial Report</u> This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.
- <u>3.3 Specific Circumstances</u> No constraints apply beyond any discussed in the attachment management report.
- <u>3.4 Disclosures Within an Actuarial Report</u> all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:
 - 3.4.1 Uncertainty or Risk Uncertainty is discussed in the management report.
 - <u>3.4.2 Conflict of Interest</u> Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
 - <u>3.4.3 Reliance on Other Sources for Data and Other Information</u> Reliance regarding data and assumptions are discussed in this management report.
 - <u>3.4.4 Responsibility for Assumptions and Methods</u> Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
 - <u>3.4.5 Information Date of Report</u> -The management report list the applicable dates for the analysis and correspondence.
 - <u>3.4.6 Subsequent Events</u> There are no subsequent events, as of the date of this report that would materially affect the results presented herein.
- <u>3.5 Explanation of Material Differences</u> Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.
- <u>3.6 Oral Communications</u> No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.
- <u>3.7 Responsibility to Other Users</u> Intended users of this report have been specifically noted in the document.

ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act

3.1 Use of AVC or MVC – The federal AVC was used.



- <u>3.2 Exceptions to the AVC</u> The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriate modeled in the AVC.
- 3.3 Exceptions to the MVC Not applicable.
- 3.4 Evaluating Non-Standard Plan Designs The HDHP model was normalized to the federal AVC.
- <u>3.5 Reasonableness of Assumptions for Non-Standard Plan Designs</u> The assumptions used to modify the federal AVs were reviewed for reasonability.
- <u>3.6 Unreasonable Results</u> Not applicable.
- 3.7 Documentation See ASOP 41 documentation above.



Appendix D – Standard Plan Designs

Deductible Plan Designs

		201	18 Plan Designs - Deductible I	Plans	
Deductible/OOP Max	Platinum	Gold	Silver	Bronze (Continuing, with drug limit)	Bronze (New, without drug limit)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$300	\$850	\$2,600	\$5,000	\$7,350
Rx Ded	\$0	\$100	\$300	\$900	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,300	\$4,500	\$6,800	\$7,350	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	40%	50%	0%
Outpatient	10%	30%	40%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	40%	50%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$15	\$25	\$35	\$40
MH/SA Office Visit	\$10	\$15	\$25	\$35	\$40
Specialist Office Visit	\$30	\$30	\$75	\$90	\$100
Urgent Care	\$40	\$40	\$85	\$100	0%
Ambulance	\$50	\$50	\$100	\$100	0%
Rx Generic	\$5	\$5	\$15	\$20	\$25
Rx Preferred Brand	\$50	\$50	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	89.9%	82.0%	72.0%	61.1%	62.1%



Deductible Plan Designs – Cost Sharing Reduction Plans

		2018 Plan	Designs - Deductible Plan CSR	Variations	
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,600	\$2,600	\$2,000	\$800	\$150
Rx Ded	\$300	\$300	\$200	\$150	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$6,800	\$5,700	\$4,500	\$1,600	\$800
Rx OOPM	\$1,300	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	40%	40%	40%	40%	10%
Outpatient	40%	40%	40%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$20	\$10	\$5
MH/SA Office Visit	\$25	\$25	\$20	\$10	\$5
Specialist Office Visit	\$75	\$65	\$40	\$30	\$15
Urgent Care	\$85	\$75	\$50	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	72.0%	73.9%	77.7%	87.7%	94.7%



HDHP Plan Designs

	2018 Plan Designs - HDHP	2018 Plan Designs - HDHP Plans: Embedded MOOP				
Deductible/OOP Max	Silver	Bronze				
Type of Plan	HSA Q/HDHP	HSA Q/HDHP				
Medical Ded	\$1,550	\$5,250				
Rx Ded	\$1,350	\$1,350				
Integrated Ded	Yes	Yes				
Medical OOPM	\$6,400	\$6,550				
Rx OOPM	\$1,350	\$1,350				
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes				
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual				
Medical Deductible waived for:	Preventive	Preventive				
Drug Deductible waived for:	Wellness scripts	Wellness scripts				
Service Category	Copay / Coinsurance	Copay / Coinsurance				
Inpatient	30%	50%				
Outpatient	30%	50%				
ER	30%	50%				
Radiology (MRI, CT, PET)	30%	50%				
Preventive	0%	0%				
PCP Office Visit	10%	50%				
MH/SA Office Visit	10%	50%				
Specialist Office Visit	30%	50%				
Urgent Care	30%	50%				
Ambulance	30%	50%				
Rx Generic	\$10	\$12				
Rx Preferred Brand	\$40	40%				
Rx Non-Preferred Brand	50%	60%				
Rx Specialty	50%	60%				
Actuarial Value						
2018 Federal AVC, Adjusted if Necessary	69.5%	59.8%				



HDHP Plan Designs – Cost Sharing Reduction Plans

		2018 P	an Designs - HDHP Plan CSR Va	riations	
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,550	\$1,350	\$1,200	\$550
Rx Ded	\$1,350	\$1,350	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,400	\$4,100	\$3,000	\$1,200	\$550
Rx OOPM	\$1,350	\$1,350	\$1,350	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%_
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%_
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%_
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	69.5%	73.0%	76.4%	86.1%	93.2%



Appendix E – Class I Pediatric Dental Codes

These procedures are diagnostic and preventive in nature. Under the definition of what is essential they may have limits. The services and limits are described in the Department of Vermont Health Access, Dental Procedure/Fee Schedule (Effective for services provided on or after 11/01/2013)

D0120 Periodic Oral Evaluation

D0140 Limited Oral Evaluation - Problem Focused

D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver

D0150 Comprehensive Oral Evaluation

D0170 Re-evaluation - Limited, Problem Focused

D0210 Intraoral Radiographs – Complete Series (including bitewings)

D0220 Intraoral Radiographs - Periapical - First Film

D0230 Intraoral Radiographs – Periapical – Each Additional Film

D0240 Intraoral - Occlusal Film

D0250 Extraoral - First Film

D0260 Extraoral – Each Additional Film

D0270 Bitewing – Single Film

D0272 Bitewings - 2 Films

D0273 Bitewings - 3 Films

D0274 Bitewings - 4 Films

D0330 Panoramic Film

D0340 Cephalometric Film

D0350 Oral/Facial Photographic Images

D0364 Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw

D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Mandible

D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Maxilla, with or without Cranium

D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium

D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures

D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report

D0470 Diagnostic Models

D1120 Prophylaxis - Child

D1208 Topical Application of Fluoride

D1330 Oral Hygiene Instructions

D1351 Sealant - Per Tooth

D1351 U9 Sealant - Per Tooth-Deciduous second molars and bicuspids*

D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth

D1510 Space Maintainer - Fixed - Unilateral

D1515 Space Maintainer – Fixed – Bilateral

D1525 Space Maintainer – Removable – Bilateral

D1550 Recementation of Space Maintainer



Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$7,350	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$7,350 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.0%	69.5%
Bronze HDHP– Embedded \$7,350 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.0%	59.8%
Silver Deductible	No	No	No	Yes	No	Yes	71.3%	72.0%
Bronze Deductible (Continuing, with drug limit)	No	No	No	Yes	No	Yes	60.3%	61.1%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.5%	73.0%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	78.8%	76.4%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	86.7%	86.1%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	93.3%	93.2%
Silver Deductible CSR – 73%	No	No	No	Yes	No	Yes	73.4%	73.9%
Silver Deductible CSR – 77%	No	No	No	Yes	No	Yes	77.2%	77.7%
Silver Deductible CSR – 87%	No	No	No	Yes	No	Yes	87.5%	87.7%
Silver Deductible CSR – 94%	No	No	No	Yes	No	Yes	94.6%	94.7%



Appendix G – Screen Shots and AV Development

- 1. Silver HDHP Embedded MOOP
- 2. Bronze HDHP Embedded MOOP
- 3. Silver Deductible Plan
- 4. Bronze Deductible Plan (Continuing, with drug limit)
- 5. Silver HDHP Embedded MOOP CSR 73%
- 6. Silver HDHP Embedded MOOP CSR 77%
- 7. Silver HDHP Embedded MOOP CSR 87%
- 8. Silver HDHP Embedded MOOP CSR 94%
- 9. Silver Deductible CSR 73%
- 10. Silver Deductible CSR 77%
- 11. Silver Deductible CSR 87%
- 12. Silver Deductible CSR 94%



1. Silver HDHP – Embedded MOOP

AV from AVC = 72.0%

Adjusted AV = 69.5%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	18	Tier Utilization	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		A lindar Continu	outon Amount.	30.00	2nd	Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver			_						
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,550.00							
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$6,400.00							
MOOP if Separate (\$)				_						
			•				•			
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
- (p. 6)	Subject to	Subject to	Coinsurance, If	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Community on the	often de de attlete)
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	□ All	□ All			☐ All	□ All			□ All	□ All
Emergency Room Services	Ø	₹								
All Inpatient Hospital Services (inc. MHSU)	2	₹								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	₹	~	90%							
Specialist Visit	>	₹								
Mental/Behavioral Health and Substance Use Disorder Outpatient	e.	Œ.								
Services	✓	•	90%							
Imaging (CT/PET Scans, MRIs)	✓	✓								
										
Speech Therapy	✓	₹								
	₹	~								
Occupational and Physical Therapy				4						
Preventive Care/Screening/Immunization			100%	\$0.00		<u> </u>	100%	\$0.00	_	
Laboratory Outpatient and Professional Services	፟	₹								
X-rays and Diagnostic Imaging	₹	₹								
Skilled Nursing Facility	₹	₹								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₽	✓								П
Outpatient Surgery Physician/Surgical Services	፟	₹								
Drugs	□ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics	₹			\$10.00					✓	
Preferred Brand Drugs	₹			\$40.00					✓	
Non-Preferred Brand Drugs	₹	₹	50%							
Specialty Drugs (i.e. high-cost)	₹	₹	50%							
Options for Additional Benefit Design Limits:			Plan Description:	:						
				Silver HDHP Plans Option 1: Embedded						
				MOOP - Option						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	2						
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:							
# Days (1-10):			issuel filos ib.							
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Calculation Succes	eful								
Actuarial Value:	71.98%	orui.								
Actuarial Value: Metal Tier:	71.98% Silver									
Metal Her: Additional Notes:		anacific and chad	na in annh dan ta							
Additional Notes: Calculation Time:	0.0938 seconds	specific cost-shari	rig is applying to x-	rays in office settin	gs.					
2018 AV Calculator	O. UPOO SECONOS									
ZOTO MY Calculator										



1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down I	box, and press 'Ca	lculate'.
	alculate' anytime a			•		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing spe	ed.	
A mess	age box will appe	ar to indicate that	t the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,550	1,550			
F	amily Deductible	3,100	3,100			
Individu	ual Out-of-Pocket	6,400	6,400			
Fam	ily Out-of-Pocket	12,800	12,800			
Coinsura	nce (50% or Less)	28%	30%			
Individual E	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$274.48	\$42.78	\$317.26		
	Plan PMPM	\$202.55	\$25.75	\$228.30		
	Actuarial Value	73.8%	60.2%	72.0%		



1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

laanta						
Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Cald	ulate'.
	alculate' anytime a			-		
	hat the model run-	•	•		eed.	
A mess	sage box will appe	ar to indicate that	t the calculations	are done.		
			_			
		Medical	Rx			
	vidual Deductible	1,550	1,350			
	Family Deductible	3,100	2,700			
	ual Out-of-Pocket	· · · · · · · · · · · · · · · · · · ·	1,350			
Fam	nily Out-of-Pocket	12,800	2,700			
Coinsura	ance (50% or Less)	28%	30%			
ndividual	Embedded Moop:	7,350				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat				
		Calculat	.e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$274.48	\$42.78	\$317.26		
	Plan PMPM	\$192.89	\$27.49	\$220.39		
	Actuarial Value	70.3%	64.3%	69.5%		

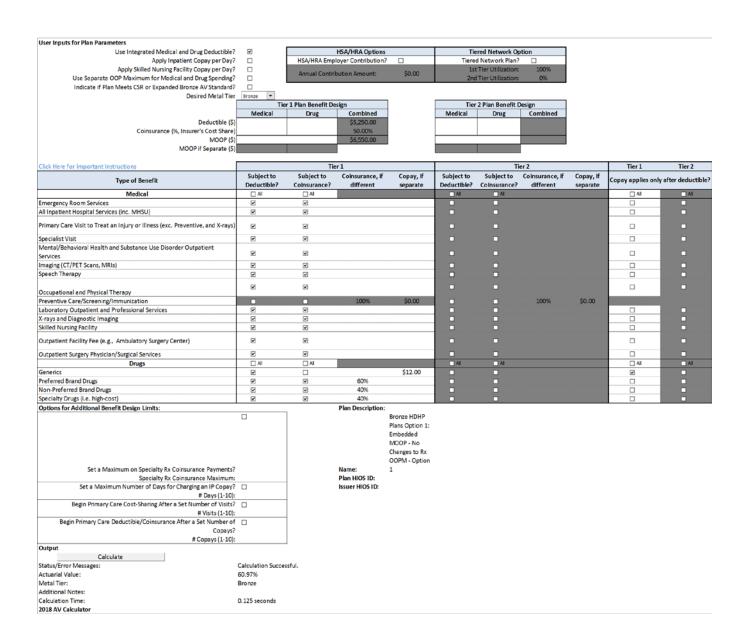


2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.0%

Adjusted AV = 59.8%

AVC Screen Shot:





2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

l.a.ata						
Inputs			<u> </u>			
Enter valu	ues in the blue cells	below, choose a	setting option fro	m the drop down l	box, and press 'Calculo	ıte'.
	alculate' anytime d	•				
	hat the model run-	•	•		eed.	
A mes	sage box will appe	ar to indicate that	t the calculations	are done.		
		N/a di a a l	Dv			
Indi	vidual Deductible	Medical	Rx			
	Family Deductible	•	5,250 10,500			
	·					
	ual Out-of-Pocket	· ·	6,550			
	nily Out-of-Pocket		13,100			
Coinsur	ance (50% or Less)	50%	47%			
Individual	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$47.16	\$349.76		
	Plan PMPM	· · · · · · · · · · · · · · · · · · ·	\$21.89	\$213.27		
	Actuarial Value	63.2%	46.4%	61.0%		



2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
•	<u> </u>	<u> </u>		<u> </u>		
					box, and press 'Cal	lculate'.
	alculate' anytime a					
		,		ters processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations (are done.		
		Medical	Rx			
Indiv	vidual Deductible	5,250	1,350			
	Family Deductible	10,500	2,700			
	ual Out-of-Pocket		1,350			
	ily Out-of-Pocket	·	2,700			
	ance (50% or Less)		47%			
	Embedded Moop:	7,350				
			sts that Accumul	ate		
			О	Deductible /		
		Deductible	Medical Rx		OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		 Calculat	. _e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$302.60	\$47.16	\$349.76		
	Plan PMPM	\$181.93	\$27.21	\$209.14		
	Actuarial Value	60.1%	57.7%	59.8%		



3. Silver Deductible

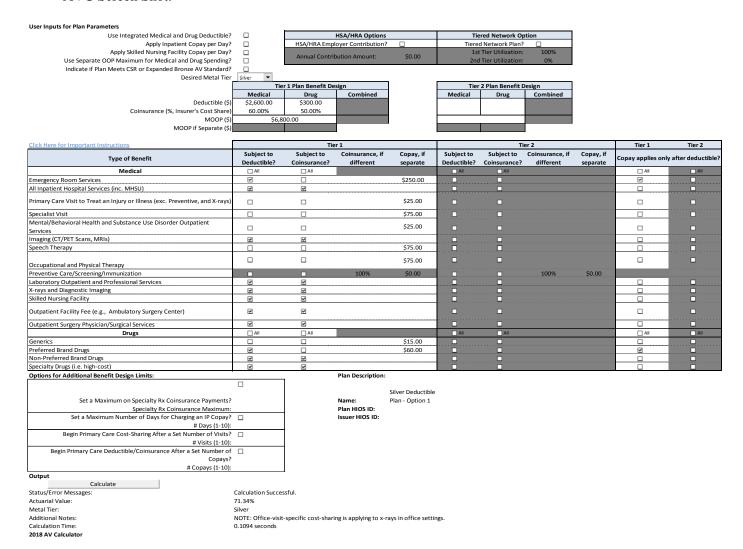
AV from AVC = 71.3%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 66.6%/66.0 % = 1.009 x .713 = 72.0%

Adjusted AV = 72.0%

AVC Screen Shot:





3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option froi	m the drop down l	box, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing spe	ed.	
A mess	age box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
	vidual Deductible	2,600	300			
F	amily Deductible	5,200	600			
Individ	ual Out-of-Pocket	6,800	6,800			
Fam	ily Out-of-Pocket	13,600	13,600			
Coinsura	ance (50% or Less)	39%	36%			
Individual I	Embedded Moop:	7,350				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$274.48	\$42.78	\$317.26		
	Plan PMPM	\$180.78	\$28.74	\$209.52		
	Actuarial Value	65.9%	67.2%	66.0%		



3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•	ues in the blue cells	below, choose a s	setting option froi	m the drop down b	oox, and press 'Calcula	nte'.
	alculate' anytime a			·		
	hat the model run-			_	ed.	
A mess	sage box will appe	ar to indicate that	the calculations o	are done.		
		Medical	Rx			
Indi	vidual Deductible	2,600	300			
l	Family Deductible	5,200	600			
Individ	ual Out-of-Pocket	6,800	1,300			
Fan	nily Out-of-Pocket	13,600	2,600			
Coinsura	ance (50% or Less)	39%	36%			
Individual	Embedded Moop:	7,350				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$274.48	\$42.78	\$317.26		
	Plan PMPM	\$179.90	\$31.54	\$211.44		
	Actuarial Value	65.5%	73.7%	66.6%		



4. Bronze Deductible (Continuing, with drug limit)

AV from AVC = 60.3%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = $61.5\%/60.7\% = 1.013 \times .603 = 61.1\%$

Adjusted AV = 61.1%

AVC Screen Shot:

Tive bereen bliot.										
User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible			HSA/HRA Option	s	Tie	ered Network O	ntion			
Apply Inpatient Copay per Day			loyer Contribution			d Network Plan				
Apply Skilled Nursing Facility Copay per Days						Tier Utilization				
Use Separate OOP Maximum for Medical and Drug Spending:		Annual Contri	bution Amount:	\$0.00		Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard					Lin	THE OTHER				
Desired Metal Tier										
Desired Metal Fiel		r 1 Plan Benefit De	cian	_	Tion	2 Plan Benefit	Dociem			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$		\$900.00	Combined		ivieuicai	Drug	Combined			
Coinsurance (%, Insurer's Cost Share	50.00%	40.00%								
• • • • • • • • • • • • • • • • • • • •		50.00								
MOOP (\$)		50.00								
MOOP if Separate (\$			J							
										Tier 2
Click Here for Important Instructions		Tie					ier 2		Tier 1	Her 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies onl	y after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Emergency Room Services	Ø	2								
All Inpatient Hospital Services (inc. MHSU)	₹	₹								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$35.00						
Primary Care visit to Treat an Injury or liness (exc. Preventive, and X-rays)	∑			\$35.00					⊌	
Specialist Visit	2			\$90.00					2	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	₩.			\$35.00					⊌	
Imaging (CT/PET Scans, MRIs)	Ø	Ø								
Speech Therapy	Ø			\$90.00		П			Ø	П
Occupational and Physical Therapy	≥			\$90.00					⊌	
Preventive Care/Screening/Immunization		П	100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	Ø	Ø	100%	30.00			100%	30.00		
	2	2								
X-rays and Diagnostic Imaging										
Skilled Nursing Facility	☑	፟								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₩.	₩.								
Outpatient Surgery Physician/Surgical Services	2	Ø								
Drugs	☐ All	☐ All			All	All			□ All	All
Generics	€			\$20.00					Ø	
Preferred Brand Drugs	₹			\$85.00					Ø	
Non-Preferred Brand Drugs	€	€								
Specialty Drugs (i.e. high-cost)	₹	₹								
Options for Additional Benefit Design Limits:		_	Plan Description	:						
		Ī		Bronze						
				Deductible Plan -						
				No Changes to						
				Rx OOPM -						
Set a Maximum on Specialty Rx Coinsurance Payments			Name:	Option 1						
Specialty Rx Coinsurance Maximum			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copays			Issuer HIOS ID:							
# Days (1-10)										
Begin Primary Care Cost-Sharing After a Set Number of Visits										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		†								
Copaysi										
# Copays (1-10)										
		1								
Output										
Calculate	Caladakaa									
Status/Error Messages:	Calculation Succe	SSIUI.								
Actuarial Value:	60.33%									
Metal Tier:	Bronze									
Additional Notes:		-specific cost-shari	ing is applying to x	rays in office settir	ngs.					
Calculation Time:	0.1094 seconds									
2018 AV Calculator										



4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

nputs						
Enter valu	es in the blue cells	below, choose a s	setting option fror	m the drop down b	box, and press 'Calc	ulate'.
Press 'Co	alculate' anytime d	ın input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	re done.		
		Medical	Rx			
	vidual Deductible	5,000	900			
F	amily Deductible	10,000	1,800			
Individu	ual Out-of-Pocket	7,350	7,350			
Fam	ily Out-of-Pocket	14,700	14,700			
Coinsurance (50% or Less)		51%	48%			
ndividual I	Embedded Moop:	7,350				
		Co	sts that Accumula	ate		
			0(OP	Deductible /	
		Deductible	Medical Rx		OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	:e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$302.60	\$47.16	\$349.76		
	Plan PMPM		\$27.23	\$212.18		
	Actuarial Value	61.1%	57.7%	60.7%		



4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•	in the blue cells	halaw ahaasa s	anttina antina fun	no the draw days a	and proce (Calcula	+-!
	alculate' anytime a	•		•	oox, and press 'Calcula	ie.
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		ters processing spe	ped	
	sage box will appe				.cu.	
7,777,630						
		Medical	Rx			
Indi	vidual Deductible	5,000	900			
ſ	Family Deductible	10,000	1,800			
Individ	ual Out-of-Pocket	7,350	1,300			
Fam	nily Out-of-Pocket	14,700	2,600			
Coinsura	ance (50% or Less)	51%	48%			
Individual	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			C	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$302.60	\$47.16	\$349.76		
	Plan PMPM	\$183.23	\$32.04	\$215.27		
	Actuarial Value	60.6%	67.9%	61.5%		



5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.5%

Adjusted AV = 73.0%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network Op	ition
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?			Tiered Network Plan		
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:		\$0.00	1st	Tier Utilization:	100%
Use Separate OOP Maximum for Medical and Drug Spending?				\$0.00	2nd Tier Utilization:		0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓						
Desired Metal Tier	Silver -						
	Tie	ier 1 Plan Benefit Design			Tier	2 Plan Benefit D	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$1,550.00				
Coinsurance (%, Insurer's Cost Share)			75.00%				
MOOP (\$)			\$4,100.00				
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	y after deductible?
Medical	☐ All	□All			All	□AII			☐ All	☐ All
Emergency Room Services	₹	✓								
All Inpatient Hospital Services (inc. MHSU)	✓	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	V	90%							
Specialist Visit	✓	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_	90%			_			_	_
Services	☑	V	90%							
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	✓	V								
Occupational and Physical Therapy	v	V								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓								
X-rays and Diagnostic Imaging	✓	V								
Skilled Nursing Facility	✓	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	□ All			All	□AII			☐ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$40.00					V	
Non-Preferred Brand Drugs	V	V	50%							
Specialty Drugs (i.e. high-cost)	✓	V	50%							

Options for Additional Benefit Design Limits:		Plan Description:	
			2017 Silver
			HDHP Plan
			Option 1:
			Embedded
			MOOP - 73%
Set a Maximum on Specialty Rx Coinsurance Payments?		Name:	CSR Variation
Specialty Rx Coinsurance Maximum:		Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?		Issuer HIOS ID:	
# Days (1-10):			
Begin Primary Care Cost-Sharing After a Set Number of Visits?			
# Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of			
Copays?			
# Copays (1-10):			
Output			
Calculate			
Status/Error Messages:	Error: Result is out	tside of +/- 1 percent de minimis varia	tion for CSRs.
Actuarial Value:	75.54%		
Metal Tier:			
Additional Notes:	NOTE: Office-visit	-specific cost-sharing is applying to x-r	ays in office settings.
Calculation Time:	0.1094 seconds		
2018 AV Calculator			



5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

lanuta						
Inputs						
					box, and press 'Calcula	te'.
	alculate' anytime a			-		
	hat the model run-				eed.	
A mess	sage box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
Indi	⊔ vidual Deductible	1,550	1,550			
	Family Deductible	3,100	3,100			
	ual Out-of-Pocket	4,100	4,100			
	nily Out-of-Pocket	8,200	8,200			
	ance (50% or Less)	24%	30%			
Individual	Embedded Moop:	7,350				
		Co	osts that Accumul			
				OOP	Deductible /	
		Deductible	Medical Rx		OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$224.19	\$28.19	\$252.37		
	Actuarial Value	77.5%	62.5%	75.5%		



5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

nputs						
Enter valu	ues in the blue cells	below, choose a	setting option fro	m the drop down l	box, and press 'Calcul	ate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
	hat the model run-		·		eed.	
A mess	sage box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
	vidual Deductible	1,550	1,350			
	Family Deductible	3,100	2,700			
Individ	ual Out-of-Pocket	4,100	1,350			
Fan	nily Out-of-Pocket	8,200	2,700			
Coinsura	ance (50% or Less)	24%	30%			
ndividual	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			О	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		 Calculat				
		Calculat				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$214.65	\$29.36	\$244.01		
	Actuarial Value	74.2%	65.1%	73.0%		



6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 78.8%

Adjusted AV = 76.4%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?				•	2nd 1	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼			_						
	Tie	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,350.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$3,000.00							
MOOP if Separate (\$)				_						
			-			-	-			
Click Here for Important Instructions		Tie	er1			Ti	ier2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate	deduct	
Medical	□ Al	All	unrerent	ос рагите	All	Al	II umerem	separate	□ AI	All
Emergency Room Services	☑	2								
All Inpatient Hospital Services (inc. MHSU)	V	<u> </u>			H					ä
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
	✓	•	90%							
X-rays)	V	V								
Specialist Visit	~	Y			ш Ц					
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓		90%							
Services										
Imaging (CT/PET Scans, MRIs)	V	•								
Speech Therapy	~	~								
	~	~								
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓								
X-rays and Diagnostic Imaging	~	~								
Skilled Nursing Facility	~	~								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	•								
Drugs	□ Al	All			□ All	□ All			□ AI	All
Generics	~			\$10.00					~	
Preferred Brand Drugs	~			\$40.00					V	
Non-Preferred Brand Drugs	~	•	50%							
Specialty Drugs (i.e. high-cost)	~	•	50%							
Options for Additional Benefit Design Limits:			Plan Description	n:						
				Silver HDHP Plan Option 1: Embedded MOOP - 77%						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CSR Variation						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:							
# Days (1-10):			issuer rives in.							
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of	_									
Copays?										
# Copays (1-10):		J								
Output Calculate										
	F DII				_					
Status/Error Messages:		utside of +/- 1 pe	rcent de minimis	variation for CSR	5.					
Actuarial Value:	78.81%									
Metal Tier:										
Additional Notes:		it-specific cost-sh	naring is applying	to x-rays in office	e settings.					
Calculation Time:	0.0625 seconds									
2018 AV Calculator										



6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

l.a.ata						
Inputs		<u> </u>				
Enter valu	ues in the blue cells	below, choose a	setting option fro	m the drop down l	box, and press 'Calcula	te'.
	alculate' anytime d					
	hat the model run-	•	•		eed.	
A mes	sage box will appe	ar to indicate that	t the calculations	are done.		
		5 a . 12 1				
11:	i dual Daduatible	Medical	Rx			
	vidual Deductible	1,350	1,350			
	Family Deductible	2,700	2,700			
	ual Out-of-Pocket	3,000	3,000			
Fan	nily Out-of-Pocket	6,000	6,000			
Coinsur	ance (50% or Less)	24%	28%			
Individual	Embedded Moop:	7,350				
		Co				
			С	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$297.25	\$46.33	\$343.57		
	Plan PMPM	\$239.61	\$30.97	\$270.58		
	Actuarial Value	80.6%	66.8%	78.8%		



6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs								
iliputs	<u> </u>							
				•	box, and press 'Ca	lculate'.		
	alculate' anytime a							
	hat the model run-	,			eed.			
A mess	sage box will appe	ar to indicate that	the calculations o	are done.				
		Medical	Rx					
Indi	vidual Deductible	1,350	1,350					
	Family Deductible	2,700	2,700					
	ual Out-of-Pocket	·	1,350					
	ily Out-of-Pocket		2,700					
Coinsura	ance (50% or Less)	24%	28%					
Individual I	Embedded Moop:	7,350						
		Costs that Accumulate						
			0	Deductible /				
		Deductible	Medical	Rx	OOP Type			
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6		
		 Calculat						
		Calculat	.e					
Results								
resuits								
		Medical	Rx	Total				
	Allowed PMPM	\$297.25	\$46.33	\$343.57				
	Plan PMPM	\$231.74	\$30.86	\$262.60				
	Actuarial Value	78.0%	66.6%	76.4%				



7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 86.7%

Adjusted AV = 86.1%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network Op	tion
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib	oution Amount:	\$0.00	1st Tier Utilization:		100%
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd Tier Utilization:		0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓						
Desired Metal Tier	Gold -						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$1,200.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$1,200.00				
MOOP if Separate (\$)							

Click Here for Important Instructions		Tier 1				Tier 2			Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate		Copay applies only after deductible?			
Medical	□ All	☐ All			☐ All	□All			□All	□All
Emergency Room Services	Y	v								
All Inpatient Hospital Services (inc. MHSU)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	>	V								
Specialist Visit	Y	₹								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	>	V								
Imaging (CT/PET Scans, MRIs)	V	✓								
Speech Therapy	I	V								
Occupational and Physical Therapy	S	V								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	V				•				
Outpatient Surgery Physician/Surgical Services	S	V								
Drugs	□ All	□All			□All	□All			□All	□All
Generics	V	v								
Preferred Brand Drugs	V	✓								
Non-Preferred Brand Drugs	>	✓								
Specialty Drugs (i.e. high-cost)	>	V								

Options for Additional Benefit Design Limits: Plan Description Silver HDHP Embedded MOOP Plan CSR Variations - 150-200% FPL (87% AV) Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: 2018 Option 1 Plan HIOS ID: Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

| Set a Maximum Number of Visits? | Issuer HIOS ID: # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Calculate Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful. Actuarial Value: 86.71% Metal Tier: Additional Notes: Calculation Time: 2018 AV Calculator



7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Innuts						
Inputs						
					box, and press 'Calculo	ıte'.
	alculate' anytime a			-		
	hat the model run-	•			eed.	
A mes.	sage box will appe	ar to indicate that	t the calculations	are done.		
		5 A I' I				
l al5	inialmatika	Medical	Rx			
	ividual Deductible	1,200	1,200			
	Family Deductible	2,400	2,400			
	lual Out-of-Pocket	1,200	1,200			
Fan	nily Out-of-Pocket	2,400	2,400			
Coinsur	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	7,350				
		Co				
			C	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Dagulta						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$299.92	\$46.74	\$346.67		
	Plan PMPM	\$263.74	\$36.83	\$300.57		
	Actuarial Value	87.9%	78.8%	86.7%		



7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
inputs		<u> </u>	<u> </u>			
				m the drop down l	oox, and press 'Ca	lculate'.
	alculate' anytime a					
		,		ters processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations o	are done.		
		Medical	Rx			
Indiv	∣ vidual Deductible	1,200	1,200			
	Family Deductible	2,400	2,400			
	ual Out-of-Pocket	·	1,200			
	ily Out-of-Pocket		2,400			
Coinsura	nce (50% or Less)	0%	0%			
Individual [Embedded Moop:	7,350				
		Co				
			0	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	ϵ
		 Calculat				
		Calculat	.e			
Results						
nesuits						
		Medical	Rx	Total		
	Allowed PMPM	\$299.92	\$46.74	\$346.67		
	Plan PMPM	\$262.02	\$36.60	\$298.62		
	Actuarial Value	87.4%	78.3%	86.1%		



8. Silver HDHP - Embedded MOOP CSR - 94%

AV from AVC = 93.3%

Adjusted AV = 93.2%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	red Network Op	tion
Apply Inpatient Copay per Day?		HSA/HRA Emple	yer Contribution?		Tiered	l Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount.	\$0.00	1st	Tier Utilization:	100%
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	ution Amount:	\$0.00	2nd	Tier Utilization:	0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~						
Desired Metal Tier	Platinum 💌						
	Tie	r 1 Plan Benefit Des	ign		Tier	2 Plan Benefit D	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$550.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$550.00				
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☐ All	□ All			☐ All	All			□All	☐ All
Emergency Room Services	₹	✓								
All Inpatient Hospital Services (inc. MHSU)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	v	v								
Specialist Visit	✓	₹								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Ø	☑								
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	✓	✓								
Occupational and Physical Therapy	v	V								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	V								
X-rays and Diagnostic Imaging	✓	V								
Skilled Nursing Facility	✓	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								•
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	□ All			☐ All	☐ All			□ All	☐ All
Generics	V	V								
Preferred Brand Drugs	v	V								
Non-Preferred Brand Drugs	V	V								
Specialty Drugs (i.e. high-cost)	✓	V								

Options for Additional Benefit Design Limits: 2017 Silver HDHP Plan Option 1: Embedded MOOP - 94% Name: Plan HIOS ID: Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Output Calculate Status/Error Messages: Actuarial Value: CSR Level of 94% (100-150% FPL), Calculation Successful. Platinum

 Metal Tier:
 Platinum

 Additional Notes:
 Calculation Time:
 0.0938 seconds

 2018 AV Calculator
 0.0938 seconds
 0.0938 seconds



8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcul	ate'.
Press 'Ca	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	t the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individu	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$313.31	\$48.83	\$362.14		
	Plan PMPM	\$294.51	\$43.20	\$337.71		
	Actuarial Value	94.0%	88.5%	93.3%		



8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option froi	m the drop down l	box, and press 'Ca	lculate'.
	alculate' anytime a					
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indi	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individu	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	ance (50% or Less)	0%	0%			
Individual I	Embedded Moop:	7,350				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	ϵ
		 Calculat	.e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$313.31	\$48.83	\$362.14		
	Plan PMPM	\$294.42	\$43.13	\$337.55		
	Actuarial Value	94.0%	88.3%	93.2%		



9. Silver Deductible CSR – 73%

Use Integrated Medical and Drug Deductible?

AV from AVC = 73.4%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = $68.9\%/68.4\% = 1.007 \times .734 = 73.9\%$

HSA/HRA Options

Adjusted AV = 73.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Additional Notes: Calculation Time:

2018 AV Calculator

Use Integrated Medical and Drug Deductible?			HSA/HKA Option			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?				+	2nc	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,600.00	\$300.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)	\$5,70	00.00								
MOOP if Separate (\$)			Į.							
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	C	64
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only a	rter deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	✓			\$250.00					✓	
All Inpatient Hospital Services (inc. MHSU)	•	✓		+						
	<u> </u>	<u> </u>							<u> </u>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$25.00						
Specialist Visit				\$65.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	<u> </u>			00.00						
				\$25.00						
Services										
Imaging (CT/PET Scans, MRIs))	<u> </u>		465.00	_				<u></u>	
Speech Therapy				\$65.00						
				\$65.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	₹								
X-rays and Diagnostic Imaging	•	₹								
Skilled Nursing Facility	•	•								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient racinty ree (e.g., Ambulatory Surgery Center)						_				_
Outpatient Surgery Physician/Surgical Services	•	•								
Drugs	☐ AII	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$12.00						
Preferred Brand Drugs	V			\$60.00					V	
Non-Preferred Brand Drugs	•	•								
Specialty Drugs (i.e. high-cost)	V	✓								
Options for Additional Benefit Design Limits:			Plan Description	:						
8				Deductible Plan						
				CSR Variations -						
				250-300% FPL						
				(73% AV)						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2018 Option 1						
Specialty Rx Coinsurance Payments: Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	2018 Option 1						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	u u		issuer nius ID:							
Begin Primary Care Cost-Sharing After a Set Number of Visits?	_									
	П									
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 73% (200-250% FPL), Ca	iculation Successf	ul.						
Actuarial Value:	73.40%									

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.



9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
inputs						
				m the drop down b	pox, and press 'Ca	lculate'.
	alculate' anytime a					
		,	•	ters processing spe	eed.	
A mess	age box will appe	ar to indicate that 	the calculations o	are done.		
		Medical	Rx			
Indiv	∣ vidual Deductible	2,600	300			
	Family Deductible	5,200	600			
	ual Out-of-Pocket illy Out-of-Pocket	·	5,700 11,400			
Coinsura	nce (50% or Less)	38%	35%			
Individual E	Embedded Moop:	7,350				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	.)—			
		Calculat	.e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$197.39	\$31.21	\$228.61		
	Actuarial Value	68.3%	69.3%	68.4%		



9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•						
		•		•	oox, and press 'Calcula	te'.
	alculate' anytime a	· · · · · · · · · · · · · · · · · · ·				
				ters processing spe	ea.	
A mess	sage box will appe	ar to indicate that	t the calculations	are aone.		
		Medical	Rx			
Indi	vidual Deductible	2,600	300			
	Family Deductible	5,200	600			
	ual Out-of-Pocket	5,700	1,200			
	nily Out-of-Pocket	11,400	2,400			
Coinsura	ance (50% or Less)	38%	35%			
ndividual	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			C	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		_ Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$196.42	\$33.94	\$230.35		
	Actuarial Value	67.9%	75.3%	68.9%		



10. Silver Deductible CSR – 77%

Use Integrated Medical and Drug Deductible?

AV from AVC = 77.2%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = $73.3\%/72.9\% = 1.005 \times .772 = 77.7\%$

Adjusted AV = 77.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Apply impatient copay per bay:		113Ay 111KA ETIIPI	oyer contribution			Ties Hellieseless	4000/			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:	\$0.00		Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?					2nd	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,000.00	\$200.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)		00.00		_						
MOOP if Separate (\$)	+ 1,0			_						
moor ii separate (y)			1				-			
Click Here for Important Instructions		Tie	ur 1			т	ier 2		Tier 1	Tier 2
CHECK THEFE FOT THIPOT CATHE HISE CACCIONS	Subject to		Coinsurance, if	C 16	Subject to		Coinsurance, if	C 'f	liei I	Hei Z
Type of Benefit		Subject to				Subject to		Copay, if	Copay applies only	after deductible
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	All
Emergency Room Services	₩			\$250.00					✓	
All Inpatient Hospital Services (inc. MHSU)	✓	•								
		_		400.00	_	_			_	_
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
				\$20.00						
Services										
Imaging (CT/PET Scans, MRIs)	▼	▼		4						
Speech Therapy				\$40.00						
				\$40.00						
Occupational and Physical Therapy	J			Ş40.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓								
X-rays and Diagnostic Imaging	✓	✓								
Skilled Nursing Facility	v	☑			Ö	- i				
Same ruising ruency										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	>	•								
Drugs	☐ All	☐ All			All	☐ All			☐ All	☐ All
Generics				\$12.00						
Preferred Brand Drugs	•			\$60.00					V	
Non-Preferred Brand Drugs	₹	✓								
Specialty Drugs (i.e. high-cost)	•	✓								
Options for Additional Benefit Design Limits:			Plan Description	:						
				Deductible Plan						
				CSR Variations -						
				200-250% FPL						
				(77% AV)						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2018 Option 1						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	•								
Copays?	_									
# Copays (1-10):										
Output		į.								
Calculate										
	Form Bounds !	-146-/ 4	and a selection of	-N f CCD-						
	Error: Result is out	siae of +/- 1 perce	nt de minimis varia	ation for CSRs.						
	77.24%									
Metal Tier:										
Additional Notes:	NOTE: Office-visit	specific cost-shari	ng is applying to x-	rays in office settir	ngs.					
Calculation Time:	0.1562 seconds									
2018 AV Calculator										



10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
•						
				•	box, and press 'Cal	culate'.
	`alculate' anytime o that the model run-			_	and	
	sage box will appe	•			eeu.	
A IIIES	suge box will uppe		the calculations	are done.		
		Medical	Rx			
Indi	ividual Deductible	2,000	200			
	Family Deductible	4,000	400			
Individ	lual Out-of-Pocket	4,500	4,500			
Fan	nily Out-of-Pocket	9,000	9,000			
Coinsur	ance (50% or Less)	36%	35%			
ndividual	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		 Calculat	te			
		Garcara				
Results						
icourts						
		Medical	Rx	Total		
	Allowed PMPM	\$297.25	\$46.33	\$343.57		
	Plan PMPM	\$216.64	\$33.67	\$250.31		
	Actuarial Value	72.9%	72.7%	72.9%		



10. Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	ues in the blue cells	below, choose a s	setting option froi	n the drop down b	oox, and press 'Calcul	ate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note t	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indi	vidual Deductible	2,000	200			
ſ	Family Deductible	4,000	400			
Individ	ual Out-of-Pocket	4,500	1,000			
Fam	nily Out-of-Pocket	9,000	2,000			
Coinsura	ance (50% or Less)	36%	35%			
ndividual	Embedded Moop:	7,350				
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$297.25	\$46.33	\$343.57		
	Plan PMPM	\$215.61	\$36.28	\$251.89		
	Actuarial Value	72.5%	78.3%	73.3%		



11. Silver Deductible CSR – 87%

AV from AVC = 87.5%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = $85.7\%/85.5\% = 1.002 \times .875 = 87.7\%$

Adjusted AV = 87.7%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan	? □			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		Tier Utilization				
Use Separate OOP Maximum for Medical and Drug Spending?		7 amidar contri	battott / unicant.	Ç0.00	2nc	Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		. 4 Dl Df/s D-		П	- 1	2 Di D 6's i	D!			
	Medical	r 1 Plan Benefit De Drug	Combined	+	Medical	2 Plan Benefit I Drug	Combined			
Deductible (\$)	\$800.00	\$150.00	Combined	i i	ivieuicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)		00.00		Ī						
MOOP if Separate (\$)				-						
			_*				_'			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	v after deductible
·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	□ All			☐ All	☐ All			☐ All	□ All
Emergency Room Services	✓			\$250.00		<u></u>			✓	
All Inpatient Hospital Services (inc. MHSU)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00						
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$10.00	_	_			_	_
Services				310.00						
Imaging (CT/PET Scans, MRIs)	V	\blacktriangledown								
Speech Therapy				\$30.00						
				\$30.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00		<u>_</u>	100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	<u> </u>								
X-rays and Diagnostic Imaging Skilled Nursing Facility	₹	<u> </u>								
Skilled Nursing Facility	₹	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₽	•								
Outpatient Surgery Physician/Surgical Services	v	V								
Drugs	☐ All	☐ All			All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	✓			\$50.00					V	
Non-Preferred Brand Drugs	V	V								
Specialty Drugs (i.e. high-cost)	₹	•								
Options for Additional Benefit Design Limits:		ī	Plan Description:							
				Deductible Plan CSR Variations -						
				150-200% FPL						
				(87% AV)						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2018 Option 1						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays? # Copays (1-10):										
Output # Copays (1-10).		ı								
Calculate										
Status/Error Messages:	CSR Level of 87% (150-200% FPL). Ca	Ilculation Successfu	ıl.						
Actuarial Value:	87.53%									
Metal Tier:	Gold									
Additional Notes:	NOTE: Office-visit-	-specific cost-shari	ing is anniving to v	rays in office settin	ngs					
Calculation Time:	0.1094 seconds	Specific cost stidii		. a, s in onice settii	.6					
2018 AV Calculator	0.1004 accords									



11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the hlue cells	helow choose as	setting ontion fro	m the drop down l	nov and nress 'Ca	lculate'
	alculate' anytime a			·	l l l l l l l l l l l l l l l l l l l	icarate.
	·			ters processing spe	red.	
	age box will appe	•	•			
		Medical	Rx			
Indiv	vidual Deductible	800	150			
F	amily Deductible	1,600	300			
Individu	ual Out-of-Pocket	1,600	1,600			
Fam	ily Out-of-Pocket	3,200	3,200			
Coinsura	nce (50% or Less)	35%	30%			
ndividual [Embedded Moop:	7,350				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		 Calculat	. _e			
		Carcara				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$299.92	\$46.74	\$346.67		
	Plan PMPM	\$257.45	\$38.79	\$296.24		
	Actuarial Value	85.8%	83.0%	85.5%		



11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•						
		•		•	box, and press 'Calcula	te'.
	alculate' anytime d	· · · · · · · · · · · · · · · · · · ·			- a d	
	nat the model run- sage box will appe			ters processing spe	eea.	
Ailless	sage box wiii appe		t the calculations	dre done.		
		Medical	Rx			
Indi	vidual Deductible	800	150			
	Family Deductible	1,600	300			
	ual Out-of-Pocket	1,600	400			
	nily Out-of-Pocket	3,200	800			
Coinsura	ance (50% or Less)	35%	30%			
Individual	Embedded Moop:	7,350				
		Co	osts that Accumu	late		
			C	OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$299.92	\$46.74	\$346.67		
	Plan PMPM	\$256.30	\$40.75	\$297.05		
	Actuarial Value	85.5%	87.2%	85.7%		



12. Silver Deductible CSR – 94%

AV from AVC = 94.6%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = $94.8\%/94.7\% = 1.001 \times .946 = 94.7\%$

Adjusted AV = 94.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Apply Inpatient Copay per Day?			loyer Contribution			d Network Plan?				
		H3A/TIKA LITIP	loyer contribution	:						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?					Zno	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De		_		2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$150.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	70.00%		_						
MOOP (\$)	\$80	0.00								
MOOP if Separate (\$)							l			
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies on	ly after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		•
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑			\$75.00					✓	
All Inpatient Hospital Services (inc. MHSU)	₹	₹								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		_		\$5.00						П
rimary care visit to freat affiliplity of filless (exc. Preventive, and X-rays)				\$5.00						
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$5.00	_	_			_	_
Services				\$5.00						
Imaging (CT/PET Scans, MRIs)	₹	₹								
Speech Therapy				\$15.00						
Occupational and Physical Therapy				\$15.00						
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓	100%	φο.σο		Π	200,0	, , , , , , , , , , , , , , , , , , ,		П
X-rays and Diagnostic Imaging	V	₹			Ö	Ö				- i
Skilled Nursing Facility	▼	₹			Ö	Ä				- i
Skilled Helising Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	•	✓								
	□ All	□ All			□ □ All	□ All			□All	□ All
Drugs				\$5.00	All					All
Generics Preferred Brand Drugs										
	<u> </u>			\$20.00					<u> </u>	
Non-Preferred Brand Drugs	<u> </u>	<u> </u>							<u> </u>	
Specialty Drugs (i.e. high-cost)		•								
Options for Additional Benefit Design Limits:	_		Plan Description							
				Deductible Plan						
				CSR Variations -						
				133-150% FPL						
				(94% AV)						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2018 Option 1						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 94% (100-150% FPL), Ca	Iculation Successf	ul.						
	94.62%									
Metal Tier:	Platinum									
Additional Notes:	NOTE: Office-visit-	specific cost-shari	ing is applying to x-	rays in office settir	ngs.					
Calculation Time:	0.1094 seconds									
2018 AV Calculator										



12. Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

				İ		
Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Ca	lculate'.
	alculate' anytime a			•		
Note tl	hat the model run-	time will vary bas	ed on the compu	ters processing spe	eed.	
A mess	sage box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
Indi	vidual Deductible	150	0			
F	amily Deductible	300	0			
Individ	ual Out-of-Pocket	800	800			
Fam	ily Out-of-Pocket	1,600	1,600			
Coinsura	Coinsurance (50% or Less) 11%		15%			
Individual I	Individual Embedded Moop: 7,350					
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Madical	Dv	Total		
	Allowed PMPM	Medical \$313.31	Rx \$48.83	Total \$362.14		
	Plan PMPM	·	\$46.83	\$342.99		
	Actuarial Value	94.9%	93.3%	94.7%		



12. Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•	ues in the blue cells	helow, choose a	settina ontion fro	m the drop down l	box, and press 'Calcula	ıte'.
	alculate' anytime a			·		
	·			ters processing spe	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
Indi	vidual Deductible	150	0			
F	Family Deductible	300	0			
Individ	ual Out-of-Pocket	800	200			
Fam	nily Out-of-Pocket	1,600	400			
Coinsurance (50% or Less)		11%	15%			
Individual	dividual Embedded Moop: 7,350					
		Co	osts that Accumul	ate		
			C	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	-
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$313.31	\$48.83	\$362.14		
	Plan PMPM	\$297.03	\$46.29	\$343.32		
	Actuarial Value	94.8%	94.8%	94.8%		

User Inputs for Plan Parameters		Bronze					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ered Network O	otion
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		A			1st Tier Utilization:		
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	d Tier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Bronze 🔻			_			
	Tie	er 1 Plan Benefit De	sign		Tier 2 Plan Benefit Design		
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$6,000.00	\$350.00					
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%					
MOOP (\$)	\$7,3	50.00					
MOOP if Separate (\$)			\$0.00				1
Click Here for Important Instructions		Tie	er 1			Ti	ier 2
onovitere for important mot dettoris	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different
Medical	☑ All	✓All	unicient	Separate	✓ All	✓ All	different
Emergency Room Services						■	
All Inpatient Hospital Services (inc. MHSU)					✓	✓	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$40.00	V		
Specialist Visit	✓			\$100.00	✓	✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$40.00	 ✓	Ø	
Imaging (CT/PET Scans, MRIs)	V	✓			V	✓	
Speech Therapy	7	V			V	✓	
Occupational and Physical Therapy	V	V			V	V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%
Laboratory Outpatient and Professional Services	V	✓			✓	✓	
X-rays and Diagnostic Imaging	V	✓			✓	✓	
Skilled Nursing Facility	V	V			V	✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ø	V			✓	V	
Outpatient Surgery Physician/Surgical Services	7	✓			V	✓	
Drugs	✓All	✓All			✓All	✓AII	
Generics	V			\$16.00	✓	✓	
Preferred Brand Drugs	V			\$90.00	✓	✓	
Non-Preferred Brand Drugs	V	✓			V	✓	
Specialty Drugs (i.e. high-cost)	V	V			V	✓	
Options for Additional Benefit Design Limits:		_	Plan Description:				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Input Plan Name]			

Tier 1

□All

~

V

✓

7

V

All

Copay, if

separate

\$0.00

Tier 2

□All

All

Copay applies only after deductible?

Specialty Rx Coinsurance Maximum: Plan HIOS ID: [Input Plan HIOS ID] Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: [Input Issuer HIOS ID] # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? Generic \$20.00 VBID \$3.00 # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Facility Output Surgery Status/Error Messages: Calculation Successful.

 Actuarial Value:
 60.65%
 1.018
 61.75%

 Metal Tier:
 Bronze
 AV Adjust
 final AV

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0586 seconds

User Inputs for Plan Parameters Bronze new 5 Use Integrated Medical and Drug Deductible? ✓ **HSA/HRA Options Tiered Network Option** Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Tiered Network Plan? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: **Annual Contribution Amount:** Use Separate OOP Maximum for Medical and Drug Spending? 2nd Tier Utilization: Indicate if Plan Meets CSR or Expanded Bronze AV Standard? **V** Desired Metal Tier Bronze Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Medical Drug Combined Drug Combined Deductible (\$) \$7,350.00

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible?
Medical	☑ All	✓All			✓All	✓All			□All	□All
Emergency Room Services	V	✓			✓	V				
All Inpatient Hospital Services (inc. MHSU)	V	✓			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V			✓	✓				
Specialist Visit	V	✓			✓	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	V			Ø	✓			_	
Imaging (CT/PET Scans, MRIs)	>	V			✓	V				
Speech Therapy	v	V			✓	✓				
Occupational and Physical Therapy	v	V			✓	Ø				•
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			✓	V				
X-rays and Diagnostic Imaging	N	✓			✓	V				
Skilled Nursing Facility	>	✓			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V			V	☑				
Outpatient Surgery Physician/Surgical Services	7	V			V	√				
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics				\$23.00	✓	V				
Preferred Brand Drugs	V	V	-		✓	V				
Non-Preferred Brand Drugs	V	V			✓	V				
Specialty Drugs (i.e. high-cost)	V	V			✓	✓				

100.00%

\$7,350.00

\$0.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays?

Copays (1-10):

Output

Coinsurance (%, Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Plan Description:
Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$30.00 VBID \$3.00

no RX OOPM

Facility Surgery

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value: 61.67% 1 61.67% Metal Tier: Bronze AV Adjust final AV

Additional Notes:

Calculation Time: 0.0625 seconds

User Inputs for Plan Parameters		Gold Hybrid								
Use Integrated Medical and Drug Deductible?	· 🗆		HSA/HRA Options		Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	ed Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		7 illiaar contii	bacion / anount.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		er 1 Plan Benefit De	, -			r 2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$		\$250.00								
Coinsurance (%, Insurer's Cost Share		50.00%								
MOOP (\$		44 200 00	47.050.00			1				
MOOP if Separate (\$	\$6,050.00	\$1,300.00	\$7,350.00]			
Click Here for Important Instructions		T:	er 1			т:	er 2		Tier 1	Tier 2
Click Here for important instructions	Cubinata		Coinsurance, if	Caman if	Subject to		Coinsurance, if	Camarri if	Her I	Her Z
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	different	Copay, if separate	Deductible?	Subject to Coinsurance?	different	Copay, if separate	Copay applies only	after deductible
Medical	✓ All	□All	unierent	зерагате	✓ All	✓ All	umerent	separate	□Ali	□All
Emergency Room Services	☑ · · · ·			\$250.00	✓	✓			☑	
All Inpatient Hospital Services (inc. MHSU)	☑			Ç230.00	✓				<u> </u>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$15.00	✓	✓				
Specialist Visit				\$30.00	✓	V				
· ·										
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$15.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	V			\$400.00	✓	V			V	
Speech Therapy	V			\$30.00	✓	✓			✓	
	V			\$30.00	✓	V			☑	
Occupational and Physical Therapy				\$30.00		<u> </u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$30.00	✓	V			V	
X-rays and Diagnostic Imaging	✓			\$80.00	✓	✓			✓	
Skilled Nursing Facility	V	V			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	v			✓	✓				
Drugs	✓Ali	— ✓All			✓All	— — ✓ All			□All	— □All
Generics				\$4.00	✓	 ✓				
Preferred Brand Drugs	V			\$40.00	✓				✓	
Non-Preferred Brand Drugs	V			ψ 10.00	✓	✓				
Specialty Drugs (i.e. high-cost)					✓					
Options for Additional Benefit Design Limits:		<u>—</u>	Plan Description:		_					
Set a Maximum on Specialty Rx Coinsurance Payments?	· 🗆	1	Name:	[Input Plan Name	1					
Specialty Rx Coinsurance Maximum			Plan HIOS ID:	[Input Plan HIOS I	-					
Set a Maximum Number of Days for Charging an IP Copay?	· 🗆	1	Issuer HIOS ID:	[Input Issuer HIOS	S ID]					
# Days (1-10)					-					
Begin Primary Care Cost-Sharing After a Set Number of Visits	· 🗆		Generic	\$5.00						
# Visits (1-10)	:		VBID	\$1.00						
Begin Primary Care Deductible/Coinsurance After a Set Number o	f 🗆									
Copays	•									
# Copays (1-10)			Facility	20%						
Output			Surgery	20%						
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	80.12%	1	80.12%	<mark>6</mark>						
Metal Tier:	Gold	AV Adjust								
		•								

Additional Notes:

Calculation Time: 0.1406 seconds

User Inputs for Plan Parameters	_	Gold HDHP					
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options			ered Network Op	
Apply Inpatient Copay per Day?		HSA/HRA Em	oloyer Contribution	? 🗆		d Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	ibution Amount:			t Tier Utilization:	
Use Separate OOP Maximum for Medical and Drug Spending?					2n	d Tier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Gold ▼	4 N D 6+ D		- -	T 1	. 2 Dl D 64 F	N1
•		er 1 Plan Benefit De		_		2 Plan Benefit D	
Dadwatikla (Č)	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$2,400.00 100.00%				
Coinsurance (%, Insurer's Cost Share) MOOP (\$)				<u>-</u>		<u> </u>	
MOOP (\$) MOOP if Separate (\$)			\$2,400.00 \$0.00				
MOOP II Separate (\$)			\$0.00	I			
Click Here for Important Instructions		Ti	er 1			Ti	er 2
Time of Donosit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different
Medical	☑ All	✓All			✓All	✓All	
Emergency Room Services	V	V			V	V	
All Inpatient Hospital Services (inc. MHSU)	V	V			V	V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	✓			V	V	
Specialist Visit	V	V			V	✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V	Ø			V	V	
Imaging (CT/PET Scans, MRIs)	V	V			V	V	
Speech Therapy	V	✓			 ✓		
Occupational and Physical Therapy	V	Ø			V	V	
Preventive Care/Screening/Immunization			100%	\$0.00		П	100%
Laboratory Outpatient and Professional Services	v v	☑	100/0	ÇÖLÖÖ		<u> </u>	10070
X-rays and Diagnostic Imaging							
Skilled Nursing Facility					<u> </u>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	7	 ✓			✓	✓	
Outpatient Surgery Physician/Surgical Services	7	V			V	V	
Drugs	✓AII	✓All			✓ All	✓All	
Generics					<u> </u>		
Preferred Brand Drugs							
Non-Preferred Brand Drugs							
Specialty Drugs (i.e. high-cost)							
Options for Additional Benefit Design Limits:			Plan Description:				
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	[Input Plan Name] [Input Plan HIOS II			
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HIOS	-		
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):			Generic VBID				
Pagin Primary Caro Doductible/Coincurance After a Set Number of		1					

Tier 1

□All

All

Copay applies only after deductible?

Copay, if

separate

\$0.00

Tier 2

□All

All

Copays? # Copays (1-10): Facility Output Surgery Status/Error Messages: Calculation Successful. Actuarial Value: 78.36% 0.997 78.12% Metal Tier: Gold AV Adjust final AV

Additional Notes:

Calculation Time: 0.0625 seconds

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? **HSA/HRA Options Tiered Network Option** Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Tiered Network Plan? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: **Annual Contribution Amount:** Use Separate OOP Maximum for Medical and Drug Spending? ✓ 2nd Tier Utilization: Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ✓ Desired Metal Tier Silver Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Medical Drug Combined Drug Combined Deductible (\$) \$300.00 \$1,100.00

50.00%

\$1,300.00

50.00%

\$4,550.00

Click Here for Important Instructions		Tie	er 1		Ti	er 2		Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible?
Medical	☑ All	□All			✓All	✓ All			□All	□All
Emergency Room Services	V			\$350.00	V	V			V	
All Inpatient Hospital Services (inc. MHSU)	V	✓			✓	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$30.00	V	V			V	
Specialist Visit	v			\$60.00	✓	✓			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$30.00	Ø	V			V	
Imaging (CT/PET Scans, MRIs)	V			\$1,400.00	✓	V			V	
Speech Therapy	7			\$60.00	✓	V			V	
Occupational and Physical Therapy	V			\$60.00	✓	V			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$60.00	✓	V			V	
X-rays and Diagnostic Imaging	✓			\$150.00	✓	V			✓	
Skilled Nursing Facility	>	V			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v			\$1,400.00	✓	V			V	
Outpatient Surgery Physician/Surgical Services	V			\$600.00	✓	V			7	
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	V			\$4.00	☑	✓			v	
Preferred Brand Drugs	V	V	-		✓	✓				
Non-Preferred Brand Drugs	V	V			✓	V				
Specialty Drugs (i.e. high-cost)	V	V			✓	V				

\$5,850.00

Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? Name: [Input Plan Name] Specialty Rx Coinsurance Maximum: Plan HIOS ID: [Input Plan HIOS ID] Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: [Input Issuer HIOS ID] # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? Generic \$5.00 \$1.00 VBID # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Facility \$1,400,00 Output Surgery \$600.00

 Status/Error Messages:
 CSR Level of 73% (200-250% FPL), Calculation Successful.

 Actuarial Value:
 73.98%
 1
 73.98%

 Metal Tier:
 Silver
 AV Adjust
 final AV

Coinsurance (%, Insurer's Cost Share)

MOOP (\$) MOOP if Separate (\$)

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0625 seconds

User Inputs for Plan Parameters		Silver 77							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ered Network Op	tion		
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Tiered Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1s	t Tier Utilization:	Utilization:		
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Annual Continu	dution Amount.		2nd	d Tier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	V								
Desired Metal Tier	Silver								
	Tie	er 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign		
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)	\$300.00	\$100.00							
Coinsurance (%, Insurer's Cost Share)		60.00%							
MOOP (\$)									
MOOP if Separate (\$)	\$4,500.00	\$1,300.00	\$5,800.00						
Click Here for Important Instructions		Tie	r 1			Ti	er 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,		
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different		
Medical	☑ All	□All			✓All	✓ All			
Emergency Room Services	v			\$100.00	✓	✓			
All Inpatient Hospital Services (inc. MHSU)	✓	V			✓	✓			

Click Here for Important Instructions			Ti	Tier 1	Tier 2					
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	□All			✓All	✓All			□All	□All
Emergency Room Services	V			\$100.00	✓	✓			V	
All Inpatient Hospital Services (inc. MHSU)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$10.00	✓				✓	
Specialist Visit	V			\$40.00	☑	✓			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$10.00	✓	V			V	
Imaging (CT/PET Scans, MRIs)	V			\$500.00	✓	V			V	
Speech Therapy	V			\$40.00	✓	✓			V	
Occupational and Physical Therapy	V			\$40.00	✓	V			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$40.00	✓	V			V	
X-rays and Diagnostic Imaging	V			\$100.00	✓	✓			✓	
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$800.00	V	✓			V	
Outpatient Surgery Physician/Surgical Services	V			\$400.00	V	✓			V	
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	V			\$4.00	✓	V			✓	
Preferred Brand Drugs	V	V			V	V				
Non-Preferred Brand Drugs	V	V			V	✓				
Specialty Drugs (i.e. high-cost)	✓	V			✓	✓				

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?		Name:	[Input Plan Name]
Specialty Rx Coinsurance Maximum:		Plan HIOS ID:	[Input Plan HIOS ID]
Set a Maximum Number of Days for Charging an IP Copay?		Issuer HIOS ID:	[Input Issuer HIOS ID]
# Days (1-10):			
Begin Primary Care Cost-Sharing After a Set Number of Visits?		Generic	\$5.00
# Visits (1-10):		VBID	\$1.00
Begin Primary Care Deductible/Coinsurance After a Set Number of	V		
Copays?			
# Copays (1-10):	3	Facility	
Output		Surgery	

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs. Actuarial Value:

1 77.98% 77.98%

AV Adjust final AV

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Metal Tier:

Calculation Time: 0.0625 seconds

User Inputs for Plan Parameters		Silver 87								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network O	•			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			t Tier Utilization				
Use Separate OOP Maximum for Medical and Drug Spending?	☑				2nd	d Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Gold ▼	4 Dl D 6+ D-	-1	_	-	2 Dl D 64	D1			
•		er 1 Plan Benefit De	, `			2 Plan Benefit				
Dadwatikla (Č)	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$0.00 90.00%	\$0.00 60.00%	•							
MOOP (\$)	90.00%	60.00%								
MOOP (\$)	\$2,000.00	\$450.00	\$2,450.00	-		ı				
MOOF II Separate (3)	\$2,000.00	\$430.00	\$2,430.00	ļ						
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Consumplies and	y after deductible?
туре от венент	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies offi	y after deductible:
Medical	☐ All	□All			✓All	✓All			□All	□All
Emergency Room Services				\$50.00	V	✓				
All Inpatient Hospital Services (inc. MHSU)		✓			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00	V					
Specialist Visit				\$30.00	✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$5.00	V	V				
Imaging (CT/PET Scans, MRIs)				\$100.00	✓	✓				
Speech Therapy				\$30.00	V	V				
Occupational and Physical Therapy				\$30.00	V	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$30.00	✓	✓				
X-rays and Diagnostic Imaging				\$30.00	✓	✓				
Skilled Nursing Facility		V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	V	✓				
Outpatient Surgery Physician/Surgical Services				\$100.00	✓	✓				
Drugs	□All	✓All			✓All	✓All			□All	□All
Generics				\$4.00	✓	✓				
Preferred Brand Drugs		V	80%		✓	✓				
Non-Preferred Brand Drugs		V			٧	✓				
Specialty Drugs (i.e. high-cost)		☑			✓	✓				
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Name]	-					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS I	-					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HIOS	SID]					
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$5.00						
# Visits (1-10):		1	VBID	\$1.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):			Facility							
Output			Surgery							

 Status/Error Messages:
 CSR Level of 87% (150-200% FPL), Calculation Successful.

 Actuarial Value:
 87.99%
 1
 87.99%

 Metal Tier:
 Gold
 AV Adjust
 final AV

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.043 seconds

User Inputs for Plan Parameters		Silver 94								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization				
Use Separate OOP Maximum for Medical and Drug Spending?	✓				ZIIC	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	Platinum 🔻									
Desired Metal Her		er 1 Plan Benefit De	scien		Tion	2 Plan Benefit	Docion			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00	Combined		ivieuicai	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	95.00%	95.00%								
MOOP (\$)	33.00%	33.0070								
MOOP if Separate (\$)	\$950.00	\$150.00	\$1,100.00			Π				
Moor in separate (4)	\$330.00	ψ150.00	ψ1,100.00			I.	_			
Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Time of Bonofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Conov annline only	y after deductible?
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible?
Medical	☐ All	□All			✓All	✓All			□All	□All
Emergency Room Services				\$25.00	V	✓				
All Inpatient Hospital Services (inc. MHSU)		✓			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00	V					
Specialist Visit				\$10.00	✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$5.00	✓	✓				
Imaging (CT/PET Scans, MRIs)				\$25.00	V	V				
Speech Therapy				\$10.00	V	✓				
Occupational and Physical Therapy				\$10.00	V	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00	V	✓		·		
X-rays and Diagnostic Imaging				\$10.00	V	✓				
Skilled Nursing Facility		V		·	V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$40.00	V	V				
Outpatient Surgery Physician/Surgical Services				\$20.00	V	V				
Drugs	□All	✓All		<u> </u>	✓All	✓All			□All	□All
Generics				\$4.00	✓	✓				
Preferred Brand Drugs		V			V	✓				
Non-Preferred Brand Drugs		V			V	✓				
Specialty Drugs (i.e. high-cost)		✓			V	✓				
Options for Additional Benefit Design Limits:			Plan Description:	•						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Name]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS I	D]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIOS	SID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$5.00						
# Visits (1-10):			VBID	\$1.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		_								
Output										

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful. Actuarial Value: 94.96% Metal Tier: Platinum AV Adjust final AV

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0586 seconds

User Inputs for Plan Parameters		Silver						
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tiered Network Option			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Tiere			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1s ⁻			
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Alliluai Colltili	oution Amount.		2nd	d Tier Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver							
	Tie	er 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$2,000.00	\$600.00						
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%						
MOOP (\$)								
MOOP if Separate (\$)	\$6,050.00	\$1,300.00	\$7,350.00					
Click Here for Important Instructions		Tie	r 1			Tie	er 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay,
туре от венене	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separa
Medical	☑ All	□All			✓All	✓ All		
Emergency Room Services	V			\$400.00	✓	V		
All Inpatient Hospital Services (inc. MHSU)	✓	✓			✓	V		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	v		·	\$30.00	V	V		
Specialist Visit	v			\$60.00	V	V		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		·						

		_			_	_			_	
Specialist Visit	V			\$60.00	✓	✓			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$30.00	Ø	V			V	
Imaging (CT/PET Scans, MRIs)	V			\$1,400.00	✓	✓			V	
Speech Therapy	V			\$60.00	V	✓			V	
Occupational and Physical Therapy	V			\$60.00	✓	V			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$60.00	✓	✓			V	
X-rays and Diagnostic Imaging	V			\$150.00	V	✓			V	
Skilled Nursing Facility	V	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	7			\$1,400.00	✓	✓			V	
Outpatient Surgery Physician/Surgical Services	V			\$600.00	V	V			7	
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	V			\$4.00	V	✓			V	
Preferred Brand Drugs	V	✓			✓	✓				
Non-Preferred Brand Drugs	V	✓			V	✓				
Specialty Drugs (i.e. high-cost)	V	✓	·		V	✓				
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	[Innut Plan Name	1					

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays?

Copays (1-10):

Output

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00 VBID \$1.00

Facility \$1,400.00 Surgery \$600.00

Status/Error Messages: Calculation Successful.

 Actuarial Value:
 69.66%
 1
 69.66%

 Metal Tier:
 Silver
 AV Adjust
 final AV

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Tier 1

□All ☑

✓

Tier 2

□All

Copay applies only after deductible?

Additional Notes:

Calculation Time: 0.0469 seconds

User Inputs for Plan Parameters silver new HDHP 73 ✓ Use Integrated Medical and Drug Deductible? HSA/HRA Options **Tiered Network Option** Tiered Network Plan? Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: **Annual Contribution Amount:** Use Separate OOP Maximum for Medical and Drug Spending? 2nd Tier Utilization: V Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Combined Medical Combined Drug Drug Deductible (\$) \$3,700.00 Coinsurance (%, Insurer's Cost Share) 100.00% \$3,700.00 MOOP (\$)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	✓All			✓All	✓All			□All	□All
Emergency Room Services	V	✓			✓	✓				
All Inpatient Hospital Services (inc. MHSU)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V				v				
Specialist Visit	V	Ø			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	V								
Imaging (CT/PET Scans, MRIs)	7	V			✓	✓				
Speech Therapy	7	V			✓	✓				
Occupational and Physical Therapy	V	V			•	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	\	✓			✓	✓				
X-rays and Diagnostic Imaging	V	✓			✓	✓				
Skilled Nursing Facility	>	V			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	Ø			✓	Ø.				
Outpatient Surgery Physician/Surgical Services	১	V			V	✓				
Drugs	✓All	✓All			✓All	✓AII			□All	□All
Generics	V	V			✓	✓				
Preferred Brand Drugs	V	✓			✓	✓				
Non-Preferred Brand Drugs	V	✓			✓	✓				
Specialty Drugs (i.e. high-cost)	✓	V			✓	✓				

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

AV Adjust

1.033 73.73%

final AV

\$0.00

Options for Additional Benefit Design Limits:	Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	Name:	[Input Plan Name]
Specialty Rx Coinsurance Maximum:	Plan HIOS ID:	[Input Plan HIOS ID]
Set a Maximum Number of Days for Charging an IP Copay?	Issuer HIOS ID:	[Input Issuer HIOS ID]
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Generic	
# Visits (1-10):	VBID	
Begin Primary Care Deductible/Coinsurance After a Set Number of	1	
Copays?		
# Copays (1-10):	Facility	
Output	Surgery	

71.37%

MOOP if Separate (\$)

Additional Notes:

Actuarial Value:

Metal Tier:

Status/Error Messages:

Calculation Time: 0.0469 seconds

User Inputs for Plan Parameters		silver new HDHP						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tiered Network Option			
Apply Inpatient Copay per Day?					Tiered Network Plan? □			
Apply Skilled Nursing Facility Copay per Day?				1st Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	Annual Contribution Amount:				2nd Tier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_							
Desired Metal Tier								
		Tier 1 Plan Benefit De	sign		Tie	r 2 Plan Benefit [Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$4,800.00					
Coinsurance (%, Insurer's Cost Share)			100.00%					
MOOP (\$)			\$4,800.00			•		
MOOP if Separate (\$)			\$0.00					
,,		.	•					
Click Here for Important Instructions		Tie	r 1			Tř	ier 2	
- (2 %)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Co
Type of Benefit	Deductible	? Coinsurance?	different	separate	Deductible?	Coinsurance?	different	sep
Medical	☑ All	✓All		-	✓All	✓All		
Emergency Room Services	V	 ✓			✓	✓		
All Inpatient Hospital Services (inc. MHSU)	V	V			✓	✓		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V			✓	V		
	_	_			_			

Click Here for Important Instructions		Tie	r 1			Ti	Tier 1	Tier 2		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	y after deductible?
Medical	☑ All	✓All			✓All	✓All			□All	□All
Emergency Room Services	D	☑			✓	✓				
All Inpatient Hospital Services (inc. MHSU)	V	☑			✓	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	v	☑			V	✓				
Specialist Visit	D	V			V	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V	☑			Ø	V				
Imaging (CT/PET Scans, MRIs)	>	V			✓	V				
Speech Therapy	7	V			V	V				
Occupational and Physical Therapy	v	V			✓	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	N	☑			✓	V				
X-rays and Diagnostic Imaging	N	✓			✓	✓				
Skilled Nursing Facility	V	V			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	v			✓	✓				
Outpatient Surgery Physician/Surgical Services	7	V			✓	✓				
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	V	V			V	V				
Preferred Brand Drugs	V	V			✓	✓				
Non-Preferred Brand Drugs	>	V			✓	V				
Specialty Drugs (i.e. high-cost)	V	V			V	V				

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	
Output	

Plan Description:

Name: [Input Plan Name] Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID

Family Ded & OOPM + \$7350/\$9600

Facility Surgery

Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation. 67.01% 1.022 68.48%

AV Adjust final AV

Additional Notes:

Calculation Time: 0.0469 seconds

User Inputs for Plan Parameters silver new HDHP 77 ✓ Use Integrated Medical and Drug Deductible? HSA/HRA Options **Tiered Network Option** Tiered Network Plan? Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: Annual Contribution Amount: Use Separate OOP Maximum for Medical and Drug Spending? 2nd Tier Utilization: **V** Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Combined Medical Combined Drug Drug Deductible (\$) \$2,600.00 Coinsurance (%, Insurer's Cost Share) 100.00% \$2,600.00 MOOP (\$) MOOP if Separate (\$) \$0.00

Click Here for Important Instructions		Tie	r 1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	✓All			✓All	✓All			□All	□All
Emergency Room Services	V	V			V	7				
All Inpatient Hospital Services (inc. MHSU)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	v	V			V	✓				
Specialist Visit	v	☑			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Ø	V				V				
Imaging (CT/PET Scans, MRIs)	V	V			V	V				
Speech Therapy	V	V			✓	 ✓				
Occupational and Physical Therapy	V	V			V	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			V	V				
X-rays and Diagnostic Imaging	V	✓			✓	V				
Skilled Nursing Facility	V	✓			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V			☑	V				
Outpatient Surgery Physician/Surgical Services	7	✓			✓	✓				
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	V	V			✓	V				
Preferred Brand Drugs	V	V			V	V				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	V	V	·	·	✓	✓				

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

AV Adjust

77.17%

final AV

1.005

Options for Additional Benefit Design Limits:	Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	Name:	[Input Plan Name]
Specialty Rx Coinsurance Maximum:	Plan HIOS ID:	[Input Plan HIOS ID]
Set a Maximum Number of Days for Charging an IP Copay?	Issuer HIOS ID:	[Input Issuer HIOS ID]
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Generic	
# Visits (1-10):	VBID	
Begin Primary Care Deductible/Coinsurance After a Set Number of	1	
Copays?		
# Copays (1-10):	Facility	
Output	Surgery	

76.79%

Additional Notes:

Actuarial Value:

Metal Tier:

Status/Error Messages:

Calculation Time: 0.0469 seconds

2018 AV Calculator

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization:
Annual Contribution Amount:	2nd Tier Utilization:

Use Separate OOP Maximum for Medical and Drug Spending?	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓
Desired Metal Tier	Gold

	Tie	r 1 Plan Benefit Des	ign			
	Medical Drug Combined					
Deductible (\$)			\$1,100.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,100.00			
MOOP if Separate (\$)			\$0.00			

Tier	Tier 2 Plan Benefit Design					
Medical	Drug	Combined				
	•					

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	
Medical	☑ All	✓All			✓All	✓All			□All	□All
Emergency Room Services	V	4			Ø	✓				
All Inpatient Hospital Services (inc. MHSU)	V	✓			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V			V	V				
Specialist Visit	V	V			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V	V			✓	V				
Imaging (CT/PET Scans, MRIs)	>	V			V	✓				
Speech Therapy	7	V			V	✓				
Occupational and Physical Therapy	v	V			V	☑				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓			V	V				
X-rays and Diagnostic Imaging	V	✓			V	V				
Skilled Nursing Facility	>	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V			V					
Outpatient Surgery Physician/Surgical Services	7	V			V	✓				
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	V	V	•	•	V	V				
Preferred Brand Drugs	V	V	-		✓	✓				
Non-Preferred Brand Drugs	\ \	V			V	V				
Specialty Drugs (i.e. high-cost)	V	✓	·	·	✓	✓				

Options f	or Additional Benefit Design Limits:	
	Set a Maximum on Specialty Rx Coinsurance Payments?	
	Specialty Rx Coinsurance Maximum:	
	Set a Maximum Number of Days for Charging an IP Copay?	
	# Days (1-10):	
	Begin Primary Care Cost-Sharing After a Set Number of Visits?	
	# Visits (1-10):	
	Begin Primary Care Deductible/Coinsurance After a Set Number of	
	Copays?	
	# Copays (1-10):	
Output	_	

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Generic
VBID

Facility
Surgery

 Status/Error Messages:
 CSR Level of 87% (150-200% FPL), Calculation Successful.

 Actuarial Value:
 87.56%
 1.001
 87.65%

 Metal Tier:
 Gold
 AV Adjust
 final AV

Additional Notes:

Calculation Time: 0.0469 seconds

2018 AV Calculator

User Inputs for Plan Parameter	User Inputs for Pla	an Parameters
--------------------------------	---------------------	---------------

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day? ☐ Apply Skilled Nursing Facility Copay per Day? ☐

✓

Use Separate OOP Maximum for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Platinum ▼

|--|

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan? □
Annual Contribution Amount:	1st Tier Utilization:
Annual Contribution Amount.	2nd Tier Utilization:

Tier	2 Plan Benefit D	esign
Medical	Drug	Combined
-		

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	✓All			✓All	✓All			□All	□All
Emergency Room Services	V	Ø			✓	✓				
All Inpatient Hospital Services (inc. MHSU)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V			V	V				
Specialist Visit	V	☑			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V	☑			✓	V				
Imaging (CT/PET Scans, MRIs)	V	V			✓	V				
Speech Therapy	V	V			V	V				
Occupational and Physical Therapy	V	V			✓	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			✓	V				
X-rays and Diagnostic Imaging	V	✓			✓	V				
Skilled Nursing Facility	V	V			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	v			✓	V				
Outpatient Surgery Physician/Surgical Services	V	 ✓			√	V				
Drugs	✓All	✓All			✓All	✓All			□All	□All
Generics	v	V			✓	V				
Preferred Brand Drugs	V	V			✓	✓				
Non-Preferred Brand Drugs	V	V			✓	V				
Specialty Drugs (i.e. high-cost)	✓	V	·	·	✓	V				

Options for Additional Benefit Design Limits.
Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of
Copays?
Copays (1-10):

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Generic
VBID

Facility
Surgery

Status/Error Messages: Actuarial Value: CSR Level of 94% (100-150% FPL), Calculation Successful. 94.90% 1 94.90%

Metal Tier: Platinum AV Adjust final AV

Additional Notes:

Output

Calculation Time: 0.0469 seconds

2018 AV Calculator



MVP Health Care -- 2018 Exchange Rate Filing

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2017 to 2018 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- 2018 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

											In-Net	work Benefits	1								
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600"	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600"	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)												-	·
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBID = \$1 #
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-004-S (2018)	НуНМО	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBID = \$3 "
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	\$0**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidi	zed Cost-Sharing Benefi	ts (Non AI/AN)		1							In Not	work Benefits									1
Subsidi	zed Cost-Sharing Benefi	IS (NOII AI/AN)								Med	III-IVEL	WOLK Delielles				Med OOP	Med OOP	Rx OOP	Rx OOP	1	
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DE	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DE	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DE	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,700	\$7,400	Embedded	0%	Embedded	Aggregate	\$3,700	\$7,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,100	\$2,200	Embedded	0%	Embedded	Embedded	\$1,100	\$2,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$400	\$800	Embedded	0%	Embedded	Embedded	\$400	\$800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,600	\$5,200	Embedded	0%	Embedded	Aggregate	\$2,600	\$5,200	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
								\$200 (Fac)													
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBID = \$1 #
								\$40 (Fac)													
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBID = \$1 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 *

American Indian and	d Alaskan Native (Al/AN)	Benefits (Unsubsidiz	ed)^								In-Net	work Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 "
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600"	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600"	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)												-	·
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBID = \$1 #
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-BA2-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-004-S (2018)	НуНМО	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-BA2-001-N (2018)	HVHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7.350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBID = \$3 #

American Indian	and Alaskan Native (AI/A	N) Benefits (Subsidiz	zed)								In-Netv	ork Benefit	s								
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	·
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

"3 PCP Office Visits are covered in full, not subject to deductible

A Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met.

Family deductible is structure is \$7,350 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

Exhibit 1a -- Comparison of 2017 to 2018 Benefits by Plan

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

											In-Net	work Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded		Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard		\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard		\$30 No DD	10%	\$100	10%	\$50 No DD		\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard		\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$50 / \$100 Brand Ded
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
								\$400 (Fac)													
FRVT-HMO-G-002-N (2017)	HyHMO	Gold			\$30 No DD	20%	\$250	\$200 (Phys)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMO-G-002-N (2018)	HyHMO	Gold		\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	Ψ1,000	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard		\$65 No DD	40%	\$250	40%	\$100 No DD			Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600		\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBID = \$3 #
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000		Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBID = \$1 #
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$4,600		Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMO-B-002-S (2018)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100		\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2018)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2018)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidi	zed Cost-Sharing Benefi	ts (Non Al/AN)									In-Net	work Benefits									
		,,								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S1-002-S (2017)	HýHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,300	\$2,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$700	\$1,400	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard		\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard		\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,700	\$7,400	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S1-001-S (2017)	OMHDH	Silver	Standard	10%	25%	25%	25%	25%		\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$4,700	\$9,400	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,300	\$2,600	Aggregate	0%	Embedded	Aggregate	\$1,300	\$2,600	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Embedded	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Embedded	Aggregate	\$3,400	\$6,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$900	\$1,800	Embedded	50%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$15 / 50% / 50%, \$300 / \$600 Ded, VBID = \$3 #
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
								\$400 (Fac)													
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$200 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$10 / 20% / 40%, \$50 / \$100 Ded, VBID = \$3 #
								\$200 (Fac)													
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBID = \$1 #
								\$100 (Fac)												_	
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$75 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$5 / 10% / 10%, VBID = \$1 #
								\$40 (Fac)													
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBID = \$1 #
				L				\$800 (Fac)													
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / 40% / 40%, \$100 / \$200 Ded, VBID = \$3 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 #

American Indian a	and Alaskan Native (Al/A	N) Benefits (Subsidize	ed)								In-Net	work Benefits	3								
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

"*3 PCP Office Visits are covered in full, not subject to deductible

*Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

#Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

*Family deductible is structure is \$7,350 for each member up to family limit

Note: AIAN Insubsdicted plan designs metch the corresponding coplan's plan design.

Changes in benefits from 2017 to 2018 are shown in gray shading.

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Experience Period: January 1, 2016 - December 31, 2016 Rating Period: January 1, 2018 - December 31, 2018

	2017	2018	Total	
Months of Trend	12	12	24	

Medical Trend Summary

2017 Annual Trend								
	% of Allowed Claims	Unit Cost	Utilization	Total				
IP	22.4%	4.9%	0.0%	4.9%				
OP and Other Med	50.4%	4.5%	1.1%	5.7%				
PHY	27.2%	2.1%	0.5%	2.6%				
Medical Total		3.9%	0.7%	4.6%				

	2018 Annual Trend					
	% of Allowed Claims	Unit Cost	Utilization	Total		
IP	22.5%	5.5%	0.0%	5.5%		
OP and Other Med	50.9%	5.0%	1.1%	6.2%		
PHY	26.6%	-2.8%	0.5%	-2.4%		
Medical Total		3.0%	0.7%	3.7%		

Annual Allowed Medical Trend 4.2%

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$386.17	\$11.86	\$5.81	\$53.38	\$315.12
24 Months of Trend:	1.085	1.085	1.013	1.026	1.097
Projection Period:	\$419.16	\$12.88	\$5.88	\$54.75	\$345.65
lowed Trend (Annual)	4.2%				
Paid Trend (Annual)	4.7%				
Leveraging (Annual)	0.5%				

Rx Trend Summary

	2017	Trend	2018	Trend	Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-4.1%	2.9%	1.3%	3.3%	-1.4%	3.1%
Brand	13.9%	1.5%	13.8%	-1.0%	13.8%	0.3%
Specialty	6.8%	6.7%	8.6%	7.3%	7.7%	7.0%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,882	1,094	89	11,065
Experience Period Allowed Cost per Script	\$18.81	\$248.37	\$4,061.54	\$74.17
Experience Period Deductible Per Script	\$3.44	\$22.81	\$41.65	\$5.66
Experience Period Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.52
Experience Period Coinsurance Per Script	\$0.64	\$15.53	\$39.53	\$2.42
Experience Period Paid Cost Per Script	\$11.37	\$196.40	\$3,958.80	\$61.56
Experience Period Allowed PMPM	\$15.49	\$22.63	\$30.27	\$68.39
Experience Period Deductible PMPM	\$2.83	\$2.08	\$0.31	\$5.22
Experience Period Copay PMPM	\$2.77	\$1.24	\$0.16	\$4.17
Experience Period Coinsurance PMPM	\$0.53	\$1.41	\$0.29	\$2.24
Experience Period Paid PMPM	\$9.36	\$17.90	\$29.51	\$56.77
Experience Period Rx Rebates PMPM				(\$8.75)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.088
Annual Allowed Trend	1.016	1.141	1.152	1.119
Annual Deductible Trend	1.013	1.013	1.013	1.035
Annual Paid Trend	1.003	1.164	1.154	1.134
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.127
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,502	1,099	102	11,704
Projected Allowed Cost per Script	\$18.27	\$321.93	\$4,711.48	\$87.85
Projected Deductible Per Script	\$3.53	\$23.39	\$42.72	\$5.74
Projected Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.48
Projected Coinsurance Per Script	\$0.62	\$20.12	\$45.86	\$2.85
Projected Paid Cost Per Script	\$10.76	\$264.78	\$4,601.35	\$74.78
Projected Allowed PMPM	\$15.99	\$29.49	\$40.21	\$85.68
Projected Deductible PMPM	\$3.09	\$2.14	\$0.36	\$5.59
Projected Copay PMPM	\$2.94	\$1.25	\$0.18	\$4.37
Projected Coinsurance PMPM	\$0.54	\$1.84	\$0.39	\$2.78
Projected Paid PMPM	\$9.42	\$24.25	\$39.27	\$72.94
Projected Rx Rebates				(\$11.99)
Net Projected Paid PMPM				\$60.95

Exhibit 2b -- Rx Trend Development (Small ACA)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,623	1,110	118	11,851
Experience Period Allowed Cost per Script	\$19.34	\$260.27	\$4,355.25	\$84.98
Experience Period Deductible Per Script	\$3.44	\$25.54	\$48.04	\$5.96
Experience Period Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.32
Experience Period Coinsurance Per Script	\$0.65	\$16.52	\$38.51	\$2.51
Experience Period Paid Cost Per Script	\$11.98	\$205.40	\$4,249.39	\$72.20
Experience Period Allowed PMPM	\$17.12	\$24.07	\$42.74	\$83.93
Experience Period Deductible PMPM	\$3.05	\$2.36	\$0.47	\$5.88
Experience Period Copay PMPM	\$2.89	\$1.18	\$0.19	\$4.26
Experience Period Coinsurance PMPM	\$0.58	\$1.53	\$0.38	\$2.48
Experience Period Paid PMPM	\$10.60	\$18.99	\$41.70	\$71.30
Experience Period Rx Rebates PMPM				(\$9.45)
Annual Util Trend	1.031	1.003	1.070	1.029
Annual Unit Cost Trend	0.986	1.138	1.077	1.091
Annual Allowed Trend	1.016	1.141	1.152	1.123
Annual Deductible Trend	1.011	1.011	1.011	1.034
Annual Paid Trend	1.004	1.164	1.154	1.136
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.121
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,290	1,115	135	12,540
Projected Allowed Cost per Script	\$18.78	\$337.35	\$5,052.20	\$101.24
Projected Deductible Per Script	\$3.52	\$26.08	\$49.06	\$6.01
Projected Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.29
Projected Coinsurance Per Script	\$0.63	\$21.42	\$44.67	\$2.95
Projected Paid Cost Per Script	\$11.37	\$277.05	\$4,939.14	\$87.98
Projected Allowed PMPM	\$17.67	\$31.36	\$56.77	\$105.79
Projected Deductible PMPM	\$3.31	\$2.42	\$0.55	\$6.29
Projected Copay PMPM	\$3.07	\$1.19	\$0.22	\$4.48
Projected Coinsurance PMPM	\$0.59	\$1.99	\$0.50	\$3.09
Projected Paid PMPM	\$10.70	\$25.75	\$55.50	\$91.94
Projected Rx Rebates				(\$14.28)
Net Projected Paid PMPM				\$77.66

Exhibit 2b -- Rx Trend Development (Individual ACA)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,260	1,080	66	10,406
Experience Period Allowed Cost per Script	\$18.30	\$238.11	\$3,619.18	\$63.83
Experience Period Deductible Per Script	\$3.43	\$20.46	\$32.04	\$5.38
Experience Period Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.72
Experience Period Coinsurance Per Script	\$0.63	\$14.66	\$41.07	\$2.34
Experience Period Paid Cost Per Script	\$10.78	\$188.64	\$3,521.15	\$51.39
Experience Period Allowed PMPM	\$14.12	\$21.43	\$19.80	\$55.35
Experience Period Deductible PMPM	\$2.65	\$1.84	\$0.18	\$4.67
Experience Period Copay PMPM	\$2.67	\$1.29	\$0.14	\$4.09
Experience Period Coinsurance PMPM	\$0.48	\$1.32	\$0.22	\$2.03
Experience Period Paid PMPM	\$8.32	\$16.98	\$19.27	\$44.56
Experience Period Rx Rebates PMPM				(\$8.17)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.084
Annual Allowed Trend	1.016	1.141	1.152	1.115
Annual Deductible Trend	1.014	1.014	1.014	1.036
Annual Paid Trend	1.002	1.164	1.154	1.131
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,841	1,086	75	11,002
Projected Allowed Cost per Script	\$17.77	\$308.63	\$4,198.33	\$75.04
Projected Deductible Per Script	\$3.53	\$21.05	\$32.97	\$5.46
Projected Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.67
Projected Coinsurance Per Script	\$0.61	\$19.01	\$47.64	\$2.75
Projected Paid Cost Per Script	\$10.18	\$254.23	\$4,092.80	\$62.15
Projected Allowed PMPM	\$14.58	\$27.92	\$26.30	\$68.79
Projected Deductible PMPM	\$2.90	\$1.90	\$0.21	\$5.01
Projected Copay PMPM	\$2.83	\$1.30	\$0.16	\$4.29
Projected Coinsurance PMPM	\$0.50	\$1.72	\$0.30	\$2.52
Projected Paid PMPM	\$8.35	\$23.00	\$25.64	\$56.98
Projected Rx Rebates				(\$10.06)
Net Projected Paid PMPM				\$46.92

Development of Index PMPM Claim Rate Experience Period Incurred DOS: 1/1/16 - 12/31/16

Completed Through: 3/31/17

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	37,600	44,777	82,377
2 FFS Paid Medical Claims	\$345.69	\$289.45	\$315.12
3 FFS Paid Pediatric Dental Claims	\$0.54	\$0.54	\$0.54
4 CSR Payments	\$0.00	(\$19.86)	(\$10.79)
5 IBNR Factor	1.037	1.037	1.037
6 FFS Incurred Paid Medical Claims	\$359.19	\$280.24	\$316.28
7 FFS Incurred Rx Claims	\$71.30	\$44.56	\$56.77
8 Experience Period Rx Rebates	(\$9.45)	(\$8.17)	(\$8.75)
9 FFS Incurred Rx Claims (Net of Rebates)	\$61.84	\$36.40	\$48.01
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$70.86)	(\$34.26)	(\$50.96)
11 Pooling Charge	\$53.27	\$42.95	\$47.66
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$403.44	\$325.34	\$360.99
13 Experience Period Capitation and Non-FFS Medical Costs	\$12.55	\$11.57	\$12.02
14 Adjusted Experience Period Claim Expense	\$415.99	\$336.91	\$373.00
Market-Wide Adjustments to Experience Period Claims			
15 Adjustment for average policy during beginning of policy year	\$3.31	\$4.55	\$3.98
16 Adjustment for the impact of the leap year in 2016	(\$1.11)	(\$0.90)	(\$1.00)
17 Experience Period Claim Expense After All Adjustments	\$418.19	\$340.55	\$375.99
18 Annual FFS Medical projection factor	1.047	1.047	1.047
19 Annual FFS Rx projection factor	1.121	1.135	1.127
20 Annual FFS Claim trend projection factor	1.058	1.057	1.058
21 Months of Trend	24	24	24
22 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$454.14	\$367.87	\$407.25
23 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.67	\$4.59	\$5.09
24 Projection Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.80	\$8.80
25 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$468.61	\$381.26	\$421.14
Federal Risk Adjustment Program			
26 Federal Risk Adjustment Program Impact	\$18.18	\$14.79	\$16.34
27 Paid Index Rate PMPM After Adjustments for Federal Programs	\$486.80	\$396.06	\$437.48

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

		Subscriber	Member	Avg Contract	
Tier	Contract Type	Months	Months	Size	Load Factor
4	Single	4,727	4,727	1.000	1.000
4	Double	1,253	2,500	1.995	2.000
4	Parent/Child(ren)	198	506	2.556	1.930
4	Family	669	2,572	3.845	2.810

Single Conversion Factor 1.085

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

% of Premium Retention Compor	nents
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	2.00%
Total % of Premium Retention Components	2.40%
PMPM Retention Components	S
General Administrative Load	\$38.10
% of Premium Taxes and Assessr	nents
Premium Tax	0.00%
VT Vaccine Pilot	0.50%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.50%
% of Paid Claim Taxes and Assess	ments
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%
PMPM Taxes and Assessment	ts
HHS Risk Adjustment User Fee	\$0.14
Comparative Eff Research Tax	\$0.21
Total PMPM Taxes/Assessments	\$0.35

Exhibit 6 -- 2018 Exchange Premium Rates

2016 Adjusted Paid Claim Cost (Exhibit 3, Line 27 \$437.48 Benefit Relativity * Induced Demand Reflected in Index Rate 0.735 Adjusted Claim Cost for Pricing \$595.42

				Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in	Gross					Increase over 2017	Increase over 2017	Increase	Increase over 2017
	Product		Standard/Non-	Combined	Actuarial		Net Claim Cos	st Bad Debt / CTR	Expense	Taxes and	and	Excess of	Claim Cost			Parent/Child(Single	Double	over 2017	
Coplan	Type	Metal Level	Standard	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	PMPM	Single***	Double	ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2018)	HvHMO	Platinum	Standard	Non-Subsidized	0.890	1.145	\$606.97	\$16.12	\$38.10	\$10.07	\$0.35	\$0.00	\$671.61	\$728.70	\$1,457,40	\$1,406,39	\$2.047.65	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	Non-Subsidized	0.791	1.077	\$507.37	\$13.63	\$38.10	\$8.52	\$0.35	\$0.00	\$567.97	\$616.25	\$1,232.50	\$1,189.36	\$1,731.66	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.799	1.081	\$514.30	\$13.81	\$38.10	\$8.63	\$0.35	\$0.07	\$575.25	\$624.15	\$1,248.30	\$1,204.61	\$1,753.86	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-G-003-N (2018)	HĎHMO	Gold	Non-Standard	Non-Subsidized	0.760	1.064	\$481.39	\$12.98	\$38.10	\$8.12	\$0.35	\$0.07	\$541.01	\$587.00	\$1,174.00	\$1,132.91	\$1,649.47	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	Non-Subsidized	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	Non-Subsidized	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	Non-Subsidized	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-B-002-S (2018)	НуНМО	Bronze	Standard	Non-Subsidized	0.588	1.000	\$350.11	\$9.70	\$38.10	\$6.06	\$0.35	\$0.00	\$404.33	\$438.70	\$877.40	\$846.69	\$1,232.75	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	Non-Subsidized	0.594	1.000	\$353.68	\$9.79	\$38.10	\$6.12	\$0.35	\$0.00	\$408.04	\$442.72	\$885.44	\$854.45	\$1,244.04	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.631	1.009	\$378.90	\$10.42	\$38.10	\$6.51	\$0.35	\$0.00	\$434.29	\$471.20	\$942.40	\$909.42	\$1,324.07	N/A	N/A	N/A	N/A
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.583	1.000	\$347.13	\$9.63	\$38.10	\$6.02	\$0.35	\$0.07	\$401.30	\$435.41	\$870.82	\$840.34	\$1,223.50	N/A	N/A	N/A	N/A
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.588	1.000	\$350.11	\$9.71	\$38.10	\$6.07	\$0.35	\$0.07	\$404.40	\$438.77	\$877.54	\$846.83	\$1,232.94	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	Non-Subsidized	0.618	0.622	\$228.86	\$6.68	\$38.10	\$4.17	\$0.35	\$0.00	\$278.16	\$301.80	\$603.60	\$582.47	\$848.06	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	Subsidized (73%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	Subsidized (87%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	Subsidized (94%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08			\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	Subsidized (73%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85			\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	Subsidized (87%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85			\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	Subsidized (94%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85		\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85		\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (73%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (87%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (94%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMO-S1-001-N (2018)	НуНМО	Silver	Non-Standard	Subsidized (73%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	AI/AN	0.890	1.145	\$606.97	\$16.12	\$38.10	\$10.07	\$0.35	\$0.00	\$671.61	\$728.70	. ,	\$1,406.39	\$2,047.65	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	AI/AN	0.791	1.077	\$507.37	\$13.63	\$38.10	\$8.52	\$0.35	\$0.00	\$567.97	\$616.25	\$1,232.50	\$1,189.36	\$1,731.66	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	AI/AN	0.799	1.081	\$514.30	\$13.81	\$38.10	\$8.63	\$0.35	\$0.07	\$575.25			\$1,204.61	\$1,753.86	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-GA2-003-N (2018)		Gold	Non-Standard	AI/AN	0.760	1.064	\$481.39	\$12.98	\$38.10	\$8.12	\$0.35	\$0.07	\$541.01	\$587.00	. ,	\$1,132.91	\$1,649.47	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-SA2-003-S (2018)	НуНМО	Silver	Standard	AI/AN	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-SA2-004-S (2018)		Silver	Standard	AI/AN	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72		\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-SA2-002-N (2018)		Silver	Non-Standard	AI/AN	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	AI/AN	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.588	1.000	\$350.11	\$9.70	\$38.10	\$6.06	\$0.35	\$0.00	\$404.33	\$438.70	\$877.40	\$846.69	\$1,232.75	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-BA2-003-S (2018)		Bronze	Standard	AI/AN	0.594	1.000	\$353.68	\$9.79	\$38.10	\$6.12	\$0.35	\$0.00	\$408.04	\$442.72	\$885.44	\$854.45	\$1,244.04	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-BA2-004-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.631	1.009	\$378.90	\$10.42	\$38.10	\$6.51	\$0.35	\$0.00	\$434.29	\$471.20	\$942.40	\$909.42	\$1,324.07	N/A	N/A	N/A	N/A
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.583	1.000	\$347.13	\$9.63	\$38.10	\$6.02	\$0.35	\$0.07	\$401.30	\$435.41	\$870.82	\$840.34	\$1,223.50	N/A	N/A	N/A	N/A
FRVT-HMO-BA2-001-N (2018)	НуНМО	Bronze	Non-Standard	AI/AN	0.588	1.000	\$350.11	\$9.71	\$38.10	\$6.07	\$0.35	\$0.07	\$404.40	\$438.77	\$877.54	\$846.83	\$1,232.94	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	AI/AN, Subsidized	0.588	1.000	\$350.11	\$9.70	\$38.10	\$6.06	\$0.35	\$0.00	\$404.33	\$438.70	\$877.40	\$846.69	\$1,232.75	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	AI/AN, Subsidized	0.588	1.000	\$350.11	\$9.71	\$38.10	\$6.07	\$0.35	\$0.07	\$404.40	\$438.77	\$877.54	\$846.83	\$1,232.94	8.0%	8.0%	8.0%	8.0%

^{*}The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorana **Reflects cost of Member Wellness Incentive Rider, Form FRVT-30*

***Child Only Rate = Single Rate

Presented by



This report is a compilation of information reported by commercial insurers that sold Vermont residents health, accident, or medical insurance during 2015.

Two types of adjustments were made on pages 6-8 to correct the reported information.

First, the number of covered lives were adjusted to avoid counting lives twice. Second, some TPA/ASO insurers did not correctly include the full premium amount so we completed the report to align with other reported insurer information.

Table of Contents	Page
Definitions	3
Summary of 2014 and 2015 Insurer Reported Data - Health and Medical Lines of Business	5
Summary of 2015 including adjustments Insurer Reported Data - Health and Medical Lines of Business	6
All Major Medical	7
TPA - ASO, Federal and MilitarySelf Insured	8
Other Insurance	9
Data Source and Contact	10

Turner of Income	2015 Vermont Annual Statement Supplement Warket Share Reports
Types of Insurance	Definition
Accident Only or AD&D	Polices that provide coverage, for accidental death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).
Catamount Health Insurance	An individual health insurance product for uninsured Vermonters who do not have access to employer (group) insurance and do not quality for other state subsidized health programs.
Comprehensive Major Medical	These policies include, but are not limited to, policies that provide indemnity, HMO, PPO, POS or expense based coverage for hospital, medical and surgical expenses. This category excludes limited benefit plans such as short term medical insurance, hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as coverage described in the other categories of this exhibit. Note: Non-HDHP plans should be reported independently of HDHP plans.
Dental	Policies providing only dental treatment benefits such as routine dental examinations, preventative dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw. If dental benefits are part of a comprehensive medical plan, this data should be included under comprehensive/major medical category.
Disability - Long Term	Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide overhead expense benefits. This does not include credit disability.
Disability - Short Term	Policies that provide a weekly or monthly income benefit for up to five years for individual coverage and up to one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. This does not include credit disability.
Discretionary Groups	This line pertains to groups that do not meet the statutory requirements of employer groups, associations or trusts, and have received discretionary approval by the Department of Financial Regulation. Column totals should be calculated so as to include the total number covered lives in each discretionary group.
High Deductible Health Plan (HDHP)	As defined in the Medicare Modernization and Prescription Drug Act of 2003.
Non-Exempt Associations	Business subject to the statewide community rate. Column totals should be calculated in a such a manner so as to include the number of covered lives in each association.
Exempt Associations	Applied and received exemption from the Vermont Department of Financial Regulation. Exempt associations are community rated within the association. Column totals should be calculated so as to include the number of lives covered in each association.
Federal Employees	Coverage administered by the Office of Personnel Management under the FEHBP (Federal Employees Health Benefit Program) for federal employees, retirees and their survivors.
Limited Benefit	Policies that provide coverage that is designed to provide specified health benefits in certain limited and clearly specified circumstances. Only include policies that are not requested elsewhere in the submission. For example include hospital confinement only, vision care only and short term major medical, but not dental only, specified disease and accident only & accidental death and dismemberment.
Long Term Care - Tax Qualified	Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital including policies that provide benefits for cognitive impairment, or loss of functional capacity. This includes policies providing nursing home care plus home health care and/or community based care. This coverage meets the federal IRS requirements to qualify for a tax deduction.

T (1	2013 Vermont Annual Statement Supplement Market Share Reports
Types of Insurance	Definition
Long Term Care - Non-Tax Qualified	Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital including policies that provide benefits for cognitive impairment, or loss of functional capacity. This includes policies providing nursing home care plus home health care and/or community based care. This coverage does NOT meet the federal IRS requirements to qualify for a tax deduction.
Medicare Part C	Refers to private managed care plans that offer Parts A and B services together. Also known as Medicare Advantage program, which offers the option of enrolling in a managed care plan to receive Medicare benefits (both medical and drug coverage). Types of plans authorized under The Federal Balanced Budget Act of 1997 include preferred provider organizations (PPOs), provider-sponsored organizations (PSOs), private fee-for-service (PFFS) plans and high deductible plans linked to Medical Savings Accounts (MSAs), and as of 2003, Special Needs Plans (SNPs) for dual eligibles and other vulnerable populations.
Medicare Part D	Created under the Medicare Modernization Act of 2003 (MMA), it is a voluntary outpatient prescription drug benefit for Medicare beneficiaries that began in 2006. Medicare Part D does not need to be licensed by the state of Vermont as it is licensed by Centers for Medicare and Medicaid Services (CMS).
Medicare Supplement (MEDIGAP) Standardized Plans	Standardized Plans are policies sold by insurance companies to fill "gaps" in a policyholder's Medicare coverage. These policies were issued after July 1, 1992.
Medicare Supplement (MEDIGAP) Pre-Standardized Plans	Policies sold by insurance companies to fill "gaps" in a policyholder's Medicare coverage. These policies were issued before July 1, 1992.
Other	Plans that do not fit into the categories listed in this document and must be identified.
Other Medical (Non-Comprehensive)	This includes policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies). Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS supplement, Medicare supplement, or Federal Employee Health Benefit Program coverage, comprehensive major medical or limited benefit coverage.
Specified or Named Disease	This includes policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or as a principle sum.
Stop Loss / Excess Loss	This insurance or other risk-transfer arrangement that is purchased by a group health plan or by the sponsor or trustee of such plan to limit the exposure of such person against losses sustained by such plan.
Student Policies	This includes policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.
Third Party Administrator (TPA) and Administrative Services Only (ASO)	An entity or person contracting to provide any combination of services in administering health benefits for a health insurer or other entity such as self-insured employer plans, to include claims processing, underwriting, premium collection, case management, authorizations and customer service. Note: Please estimate your comprehensive major medical business separately.
Trusts	The total number of policies issued to a trust, or to one or more trustees of a fund established or adopted by two or more employers or one or more labor unions or similar employee organizations. The total number of policies includes the number of trusts not the number of groups within the trust. The total number of lives includes all the members/employees and all dependents of all the groups that belong to every trust.

Summary of Insurer Reported Data

		2014		2015		
	Vermont		% of			
	Lives	Earned Premium Total	Total	Vermont Lives	Earned Premium Total	% of Total
TDA ASSO (Self-Leaves d) as December 1	266 727	Ć 470 E00 002	27.00/	255,050	¢40C 022 C42	20.20/
TPA - ASO (Self-Insured) as Reported	266,727	\$479,589,893	27.8%	266,868		28.2%
Stoploss	77,679	\$50,631,687	2.9%	103,037	\$54,275,235	3.1%
Large Employer-Major Medical	47,400	\$227,321,739	13.2%	40,190	\$206,247,024	12.0%
Small Employer-Major Medical	37,231	\$175,703,274	10.2%	36,656	\$165,902,526	9.6%
Non-Group-Major Medical	32,038	\$134,414,445	7.8%	29,547	\$167,524,045	9.7%
Medicare Supplement	41,277	\$77,548,177	4.5%	43,462	\$83,817,776	4.9%
Federal Employee Plan	14,535	\$75,471,233	4.4%	14,666	\$80,356,896	4.7%
Accident, Short & Long-Term Disability, and Other	659,361	\$61,672,319	3.6%	826,805	\$66,509,747	3.9%
Medicare Part D	68,934	\$56,940,595	3.3%	68,624	\$53,777,638	3.1%
Dental	85,631	\$39,890,811	2.3%	90,329	\$39,594,551	2.3%
Medicare Part C	4,050	\$31,839,425	1.8%	7,424	\$57,748,211	3.4%
Long Term Care (Tax and Non-Tax Qualified)	15,286	\$24,974,845	1.4%	15,925	\$21,262,639	1.2%
Limited Benefit, Special Diseases, Student, and Other Health	138,025	\$19,804,592	1.1%	102,147	\$18,577,968	1.1%
Catamount-Major Medical	0	\$13,133,107	0.8%	0	\$289	0.0%
Associations-Major Medical	39,758	\$259,033,158	15.0%	39,410	\$220,993,063	12.8%
Other Major Medical (Discretionary, Trusts)	2	\$2,528	0.0%	0	-\$23,952	0.0%
Grand Total	1,527,934	\$1,727,971,828		1,685,090	\$1,723,396,270	

Note: Lives are not mutually exclusive, insurers reported by product line

2015 Vermont Annual Statement Supplement Market Share Reports Summary of Insurer Reported Data

		•	2015	^	d:		2015	
			As Reported	Adjustments		,	Adjusted for Health Only	
		Vermont		Vermont				
Line of Business T	ype of Insurance	Lives	Earned Premium Total	Lives	Earned Premium Total	Vermont Lives	Earned Premium Total	% of Total
Associations-Major Medical	Major Medical	39,410	\$220,993,063	0	1 -		\$220,993,063	26%
Large Employer-Major Medical	Major Medical	40,190	\$206,247,024	20,077	\$97,048,593	60,267	\$303,295,618	35%
Small Employer-Major Medical	Major Medical	36,656	\$165,902,526	0		36,656	\$165,902,526	
Non-Group-Major Medical	Major Medical	29,547	\$167,524,045	0	\$0	29,547	\$167,524,045	20%
Other Major Medical (Discretionary, Trusts)	Major Medical	0	-\$23,952	0	1 -	0	-\$23,952	0%
Catamount-Major Medical	Major Medical	0	\$289	0	\$0	0	\$289	0%
To	tal Major Medical	145,803	\$760,642,995	20,077	\$97,048,593	165,880	\$857,691,588	100%
Federal Employee Plan	Self Insured	14,666	\$80,356,896	0	\$0	14,666	\$80,356,896	11%
TPA - ASO (Self-Insured) as Reported	Self Insured	266,868	\$486,832,613	-140,300	\$139,003,799	126,568	\$625,836,412	89%
Military - Vt Household Health Insurance Survey	Self Insured			18,578	\$0	18,578	\$0	0%
	Total Self Insured	281,534	\$567,189,508	-121,722	\$139,003,799	159,812	\$706,193,307	100%
Vermont Resident Insured Lives		427,337	\$1,327,832,503	-101,645	\$236,052,392	325,692	\$1,563,884,895	
Dental	Other Insurance	90,329	\$39,594,551			90,329	\$39,594,551	
Medicare Supplement	Other Insurance	43,462	\$83,817,776			43,462	\$83,817,776	
Medicare Part D	Other Insurance	68,624	\$53,777,638			68,624	\$53,777,638	
Medicare Part C	Other Insurance	7,424	\$57,748,211			7,424	\$57,748,211	
Long Term Care (Tax and Non-Tax Qualified)	Other Insurance	15,925	\$21,262,639			15,925	\$21,262,639	
Limited Benefit, Special Diseases, Student, and Other Health	Other Insurance	102,147	\$18,577,968			102,147	\$18,577,968	
Stoploss	Other Insurance	103,037	\$54,275,235			103,037	\$54,275,235	
Accident, Short & Long-Term Disability, and Other	Other Insurance	826,805	\$66,509,747			826,805	\$66,509,747	
Total A	II Other Insurance	1,257,753	\$395,563,766			1,257,753	\$395,563,766	
	Grand Total	1,685,090	\$1,723,396,270	-101,645	\$236,052,392	1,583,445	\$1,959,448,662	

Note: Adjustments were made to account for duplicate lives and to adjust premiums to premium equivalents

2015 Vermont Annual Statement Supplement Market Share Reports All Major Medical

Small and Large Employer Group, Non-Group, Associations, Catamount, Discretionary and Trusts

Earned Premium/Premium Equivalents Company Name Vermont Lives % of Total **Cumulative %** Total Blue Cross and Blue Shield of Vermont 123,876 \$640.039.813 75% 75% The Vermont Health Plan, LLC 7,158 \$39,964,417 5% 79% MVP Health Insurance Company 6,080 \$27,900,347 3% 83% MVP Health Plan Inc 5,093 \$27,662,967 3% 86% Cigna Health & Life Insurance Company, Inc. 1,617 \$16,107,652 2% 88% UnitedHealthcare Insurance Company 857 \$4,357,178 1% 88% \$3,010,438 0% 88% Aetna Life Insurance Company 669 0% 4 Ever Life Insurance Company 79 \$544,433 89% 87 0% **QCC Insurance Company** \$447,634 89% State Farm Mutual Automobile Insurance Company \$277,285 0% 89% 46 \$222,504 0% **MVP Health Services Corp** 58 89% MVP Health Insurance Company of New Hampshire, INC. 0 \$41,068 0% 89% **United States Life Insurance Company** 92 \$30,649 0% 89% Connecticut General Life Insurance Company 21 \$28,136 0% 89% **AXA Equitable Life Insurance Company** 16 \$14,215 0% 89% Metropolitan Life Insurance Company 1 \$10,682 0% 89% Golden Rule Insurance Company \$4,428 0% 89% 0% 89% MONY Life Insurance Company 1 \$730 **Prudential Insurance Company of America** \$721 0% 89% Mid-West National Life Insurance Company of Tennessee 0 \$636 0% 89% National Benefit Life Insurance Company 1 \$393 0% 89% American Progressive Life & Health Insurance Company of New York 89% 2 \$337 0% 0 \$283 0% American Heritage Life Insurance Co. 89% UniCare Life & Health Insurance Company 36 \$0 0% 89% John Alden Life Insurance Company 0 \$0 0% 89% Centre Life Insurance Company 2 \$0 0% 89% Mutual of Omaha Insurance Co \$0 0% 89% **Grand Total as reported** 145,803 \$760,666,947 Large Employer Group Lives from VHCURES 20,077 \$97,048,593 11% 100% **Grand Total** 165,880 \$857,715,540

Note: Lives are not mutually exclusive, insurers reported by product line

TPA - ASO (Se	If-Insured) as Report	ted		
100 (00		Earned Premium/I	Premium	Equivalents
Company Name	Vermont Lives	Total	% of Tota	Cumulative %
Cigna Health & Life Insurance Company, Inc.	99,080	\$239,866,351	49%	49%
Blue Cross and Blue Shield of Vermont	43,543	\$205,030,530	42%	91%
Delta Dental Plan of Vermont	103,044	\$37,062,238	8%	99%
Aetna Life Insurance Company	8,000	\$2,640,070	1%	100%
MVP Select Care	10,643	\$2,432,921	0%	100%
United of Omaha Life Insurance Co	391		0%	100%
UniCare Life & Health Insurance Company	327	\$0	0%	100%
QCC Insurance Company	1,335	\$0	0%	100%
Prudential Insurance Company of America	0	\$0	0%	100%
Connecticut General Life Insurance Company	505	-\$199,497	0%	100%
BlueCard Plans Self Insured Lives from VHCURES	0	\$0	0%	100%
Grand Total as Reported	266,363	\$487,032,110		
Adjustment T	PA - ASO (Self-Insur			
	vermont Lives -	Earned Premium/I	remium	Equivalents
Company Name	Adj. for Major	Premium		
Cigna Health & Life Insurance Company, Inc.	(47,784)			
Blue Cross and Blue Shield of Vermont	, , , ,			
Delta Dental Plan of Vermont	(103,044)			
Aetna Life Insurance Company	(200)011)	\$29,343,798		
MVP Select Care		\$55,123,300		
United of Omaha Life Insurance Co		,, -,		
UniCare Life & Health Insurance Company				
QCC Insurance Company		\$4,611,979		
Prudential Insurance Company of America		¥ .,,		
Connecticut General Life Insurance Company				
BlueCard Plans Self Insured Lives from VHCURES	10,528	\$49,924,722		
Total Adjustments	(140,300)	\$139,003,799		
	(=:-,,	,, ,		
TPA - ASO (S	elf-Insured) Adjuste	d		
,		Earned Premium/I	Premium	Equivalents
Company Name	Vermont Lives	•		Cumulative %
• •				
Cigna Health & Life Insurance Company, Inc.	51,296	\$239,866,351	38%	38%
Blue Cross and Blue Shield of Vermont	43,543	\$205,030,530	33%	71%
Delta Dental Plan of Vermont	-	\$37,062,238	6%	77%
Aetna Life Insurance Company	8,000	\$31,983,868	5%	82%
MVP Select Care	10,643	\$57,556,220	9%	91%
United of Omaha Life Insurance Co	391	\$0	0%	91%
UniCare Life & Health Insurance Company	327	\$0	0%	91%
QCC Insurance Company	1,335	\$4,611,979	1%	92%
Prudential Insurance Company of America	-	\$0	0%	92%
Connecticut General Life Insurance Company	505	-\$199,497	0%	92%
BlueCard Plans Self Insured Lives from VHCURES	10,528	\$49,924,722	8%	100%
Grand Total TPA - ASO	126,568	\$625,836,412		

Federal Employee Plan										
Earned Premium/Premium Equivalent Company Name Vermont Lives Total % of Total Cumulativ										
Blue Cross and Blue Shield of Vermont	14,543	\$79,766,692	99%	99%						
Aetna Life Insurance Company	116	\$523,629	1%	100%						
MVP Health Plan Inc	7	\$66,574	0%	100%						
Grand Total	14,666	\$80,356,896								

Military - Vt Household Health Insurance Survey	18,578		
Total Self Insured	159,812	\$706,193,307	

Note: Lives are not mutually exclusive, insurers reported by product line

All Other

Medicare Supplement, Medicare Part C & D, Dental, Long Term Care, Student, Special Diseases, Other Medical, Limited Benefit, Accident, Short & Long-Term Disability, and Other

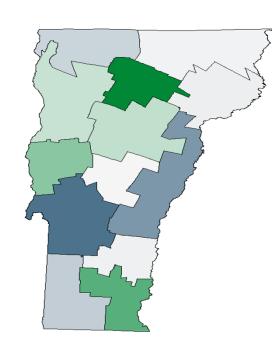
193 Insurers	Vermont Lives	Earned Premium/Premium Equivalents	
7 Insurers with More than \$10,000,000 in premiums	345,429	\$235,336,384	
45 Insurers with Between \$9,999,999 and \$1,000,000 in premiums	641,134	\$143,703,491	
139 Insurers with Less than \$1,000,000 in premiums	271,190	\$16,523,891	
Grand Total	1,257,753	\$395,563,766	

Note: Grouped for convenience, for detail contact Lori Perry at GMCB Note: Lives are not mutually exclusive, insurers reported by product line

Source:

The Annual Statement Supplement Market Share report is prepared from a compilation of the ASSR. The Annual Statement Supplement Report (ASSR) is in statute 8 V.S.A. § 3561. Commercial insurers are required to report if they have sold active Health or Medical related insurance to Vermont Residents during the calendar year.

If you have questions about this report, please contact Lori Perry at the GMCB (802)828-2177.



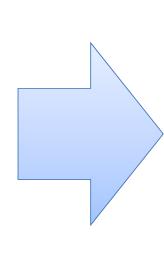
Susan Barrett, Executive Director Kate Slocum, Financial Director

Green Mountain Care Board FY 2018 Budget March 31, 2017



What do we do?

The **Green Mountain Care Board** is charged with reducing the rate of health care cost growth in Vermont while ensuring that the State of Vermont maintains a high quality, accessible health care system.



Regulation

Health Insurer Rates and Rules Hospital Budgets

Major Capital Expenditures (Certificate of Need)

Expenditure Analysis

Implementing APM

Oversight of ACOs (Act 113)

Innovation

Payment Reform

Health care delivery reform

Data and analytics

Payer policy

VT ACO APM Agreement

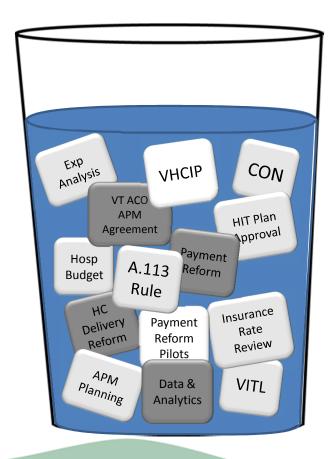
Evaluation

Payment Reform Pilots

State Innovation Grant (VHCIP)

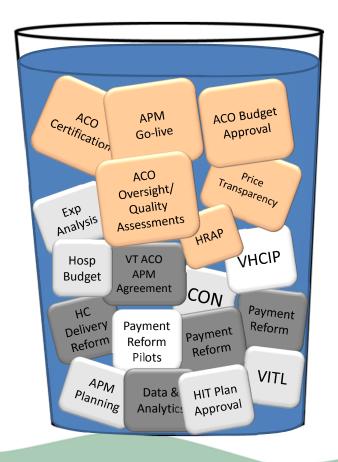


Current State vs. Future State





Current State vs. Future State





GMCB - HR Overview March 2017

Board:

Board Chair Vacant – under recruitment, Term Ends September 2018

Con Hogan October 2011 – Present, Term Ends September 2017

Jessica A. Holmes, Ph.D. October 2014 – Present, Term Ends September 2020

Robin Lunge, J.D., MHCDS November 2016 – Present, Term Ends September 2022

Board Member Vacant – under recruitment, Term Ends September 2019

Staff:

Base: 21 Positions with 1 Vacancy - Private Secretary

APM/Act 113 of 2016: 7 Positions

2 Filled: Staff Attorney I, Health Services Researcher

5 Vacancies: Under Classification: Healthcare Statistical Information Administrator; Health Policy

Advisor

Undergoing position creation: Health Policy Analyst; Financial Manager II, Financial Systems

Analyst



Proposed GMCB FY18 Budget

Budget Croup	FY2017 As	FY2018 Dept	Year over	Percent	
Budget Group	Passed	Proposed	Year	Change	
1. Salaries & Benefits					
General Fund	507,826	936,199	428,373	84.4%	
Health Care Billback	761,998	1,566,515	804,517	105.6%	
Global Commitment	1,938,154	936,197	(1,001,957)	-51.7%	
IDT - SIM From AHS	260,412	33,827	(226,585)	-87.0%	
Total	3,468,390	3,472,738	4,348	0.1%	
2. Operating					
General Fund	100,333	211,081	110,748	110.4%	
Health Care Billback	150,477	302,839	152,362	101.3%	
Global Commitment	585,185	264,886	(320,299)	-54.7%	
Total	835,995	778,806	(57,189)	-6.8%	
3. Contracts					
General Fund	793,130	1,116,202	323,072	40.7%	
Health Care Billback	1,370,450	1,874,529	504,079	36.8%	
Global Commitment	1,758,481	1,606,435	(152,046)	-8.6%	
IDT - SIM From AHS	1,232,149	184,244	(1,047,905)	-85.0%	
Federal Fund	448,808	226,574	(222,234)	-49.5%	
HIT	60,000	60,000	0	0.0%	
Total	5,663,019	5,067,983	(595,036)	-10.5%	
Grand Total	9,967,404	9,319,528	(647,876)	-6.5%	

Fund Name	FY2017 As	FY2018 Dept	Year over	Percent
runa name	Passed	Proposed	Year	Change
General Funds	1,401,276	2,263,482	862,206	61.5%
Special Fund	2,342,927	3,803,883	1,460,956	62.4%
Federal Funds	448,808	226,574	(222,234)	-49.5%
Global Commitment	4,281,832	2,807,518	(1,474,314)	-34.4%
IDT Funds	1,492,561	218,070	(1,274,491)	-85.4%
Funds Total	9,967,404	9,319,528	(647,876)	-6.5%



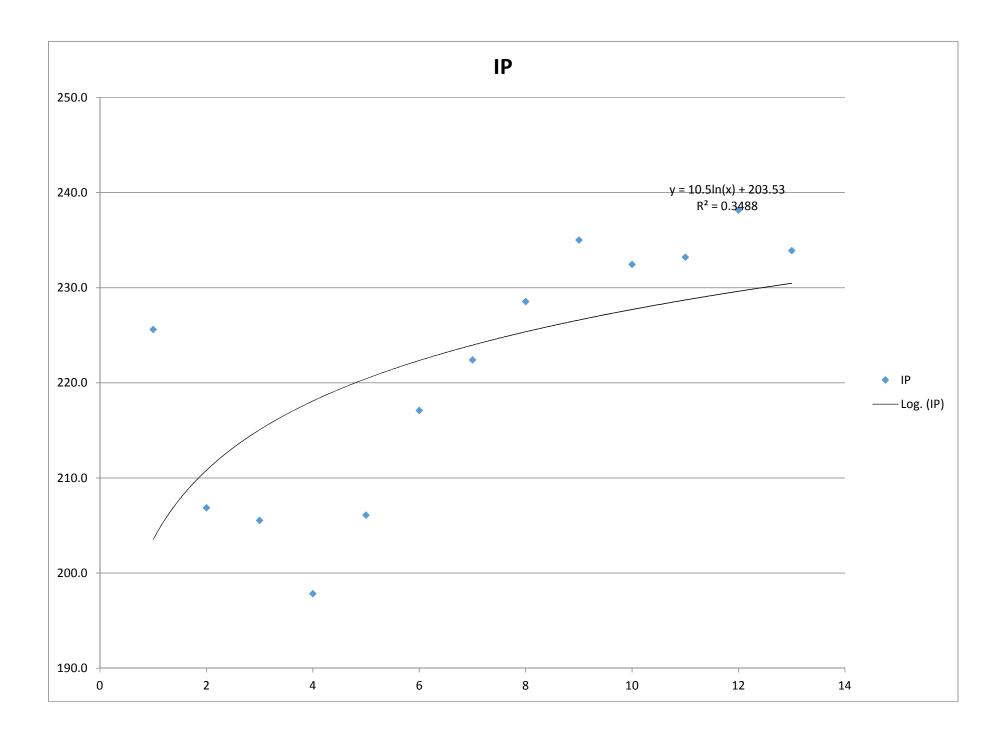
MVP Historical Utilization / 1000 Data, January 2014 - December 2016, all lines of business (excluding Individual Indemnity

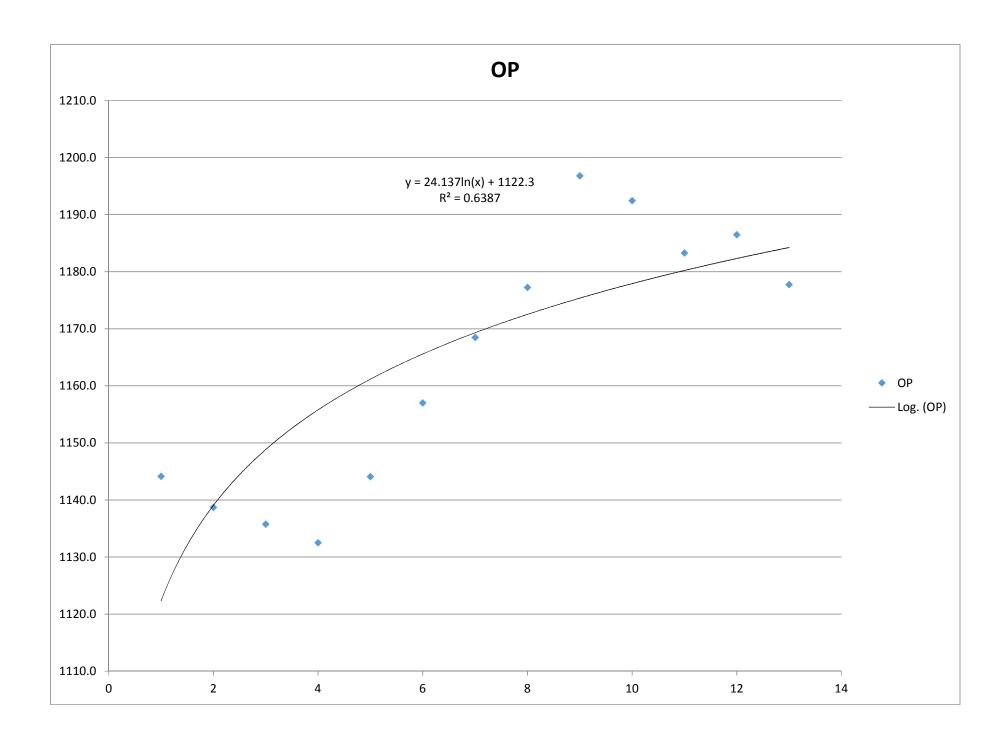
	Raw Utilization Data				
Month	IP	OP	PHY	Members	Age Fx
201401	399.0	1955.0	10752.0	20,910	1.586
201402	469.0	1810.0	9018.0	20,556	1.586
201403	470.0	1931.0	9701.0	20,054	1.587
201404	446.0	1948.0	9870.0	19,745	1.587
201405	448.0	2023.0	10199.9	20,037	1.585
201406	334.0	1951.0	9303.0	19,685	1.590
201407	432.0	1965.0	9414.0	19,055	1.593
201408	556.0	1738.1	8496.3	18,837	1.596
201409	512.0	1911.1	8850.4	18,045	1.595
201410	445.5	1966.1	9387.5	17,524	1.599
201411	354.9	1542.8	7502.1	17,142	1.601
201412	323.9	1685.6	7907.0	16,370	1.601
201501	443.2	1332.8	7001.6	14,131	1.613
201502	281.2	1310.1	5943.1	14,073	1.613
201503	299.4	1451.7	6997.7	13,947	1.615
201504	167.2	1261.3	6489.8	13,752	1.620
201505	159.2	1186.3	6136.6	13,645	1.620
201506	196.1	1190.5	6404.8	13,373	1.622
201507	292.1	1236.3	6317.6	13,344	1.624
201508	251.0	1288.2	5868.7	13,283	1.624
201509	283.0	1307.9	6390.4	13,157	1.624
201510	235.0	1365.6	6471.4	13,064	1.625
201511	228.0	1312.2	5586.0	12,600	1.626
201512	244.1	1374.3	6024.4	12,477	1.628
201601	142.1	1008.6	5229.1	11,376	1.636
201602	221.0	1035.6	5427.7	11,462	1.635
201603	165.1	1223.9	6132.2	11,857	1.636
201604	243.8	1238.7	5728.0	11,813	1.640
201605	272.4	1200.0	5884.8	11,925	1.642
201606	242.8	1224.7	5930.1	12,087	1.643
201607	350.1	1245.9	5224.9	12,178	1.644
201608	313.6	1438.9	6118.0	12,175	1.647
201609	237.1	1182.3	5819.3	12,267	1.648
201610	232.0	1188.5	5961.1	12,233	1.652
201611	287.7	1342.7	6973.2	12,284	1.656
201612	183.0	1224.8	5983.7	11,841	1.659

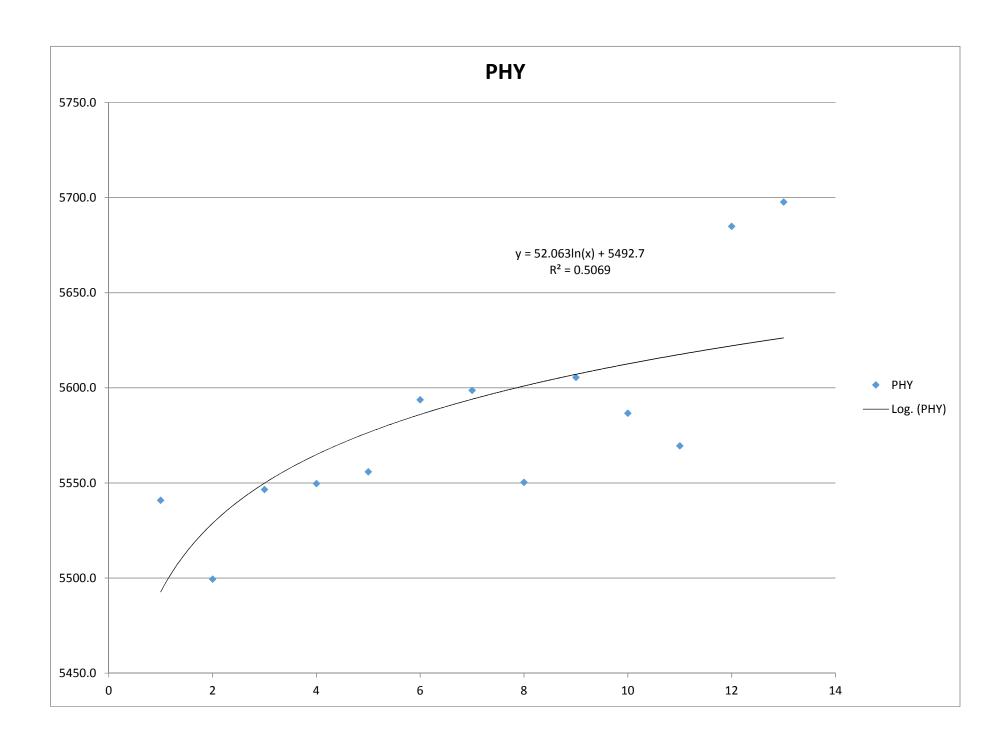
	Utilization/1000 Member Months		1	Age Normalized Util/1000			
				Normalized			
Rolling 12 End Date	IP	OP	PHY	Age Factor	IP	OP	PHY
201412	273.2	1180.6	5811.6	1.000	273.2	1180.6	5811.6
201501	284.0	1183.0	5786.3	1.001	283.7	1181.5	5779.2
201502	282.1	1190.8	5789.1	1.002	281.4	1187.8	5774.8
201503	280.5	1198.1	5803.1	1.004	279.5	1193.5	5781.0
201504	272.3	1192.8	5774.5	1.005	270.8	1186.4	5743.3
201505	263.5	1180.5	5714.1	1.007	261.6	1172.0	5672.8
201506	263.6	1171.7	5720.9	1.009	261.2	1161.3	5670.1
201507	262.6	1160.5	5696.6	1.011	259.9	1148.4	5636.8
201508	250.3	1166.4	5697.2	1.012	247.3	1152.4	5628.7
201509	241.5	1157.6	5687.6	1.014	238.2	1141.8	5610.0
201510	233.0	1145.5	5630.7	1.015	229.4	1128.2	5545.5
201511	230.1	1160.3	5646.4	1.017	226.3	1141.1	5553.0
201512	229.7	1165.1	5642.6	1.018	225.6	1144.1	5540.9
201601	210.9	1160.8	5606.4	1.019	206.9	1138.7	5499.4
201602	209.8	1159.1	5660.7	1.021	205.5	1135.8	5546.5
201603	202.1	1157.1	5670.1	1.022	197.8	1132.5	5549.6
201604	210.8	1170.1	5682.4	1.023	206.1	1144.1	5555.9
201605	222.3	1184.7	5727.5	1.024	217.1	1157.0	5593.7
201606	228.0	1197.7	5738.7	1.025	222.4	1168.5	5598.7
201607	234.5	1208.0	5695.1	1.026	228.6	1177.3	5550.3
201608	241.4	1229.5	5758.8	1.027	235.0	1196.8	5605.5
201609	239.1	1226.6	5746.9	1.029	232.4	1192.4	5586.6
201610	240.2	1219.0	5737.5	1.030	233.2	1183.3	5569.5
201611	245.7	1224.2	5865.6	1.032	238.2	1186.5	5684.9
201612	241.7	1217.1	5888.2	1.033	233.9	1177.7	5697.7

Calculation of MVP Best Estimate Utilization Trend, 2016 - 2018

	IP	OP	PHY
Value of Best Fit Line,			
Experience Period Value of Best Fit Line,	230.5	1184.2	5626.2
Rating Period	241.4	1209.5	5680.7
Total Utilization Trend Annualized Utilization	1.048	1.021	1.010
Trend	1.024	1.011	1.005









Contact Information

Company Information

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

Primary Contact Information

Contact Name: Eric Bachner, ASA
Contact Title: Senior Actuarial Analyst
Primary Contact Phone #: 1-800-777-4793, ext. 7213

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: ebachner@mvphealthcare.com

ACTUARIAL MEMORANDUM

2018 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2018 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2018 and 12/31/2018. There are no benefit plans being retired, and there are three new plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing well as forms for the new plans. The proposed rates reflect an average rate adjustment to prior rates of 6.7%, ranging from 2.3% to 10.5%.

Drivers of Rate Increase

The proposed premium rates reflect an increase over the prior rates due to medical inflation, experience period data not reflecting a full 12-month contract, and an aging population as well as increases to federal- and state-based assessments. Premium rate increases are varying by plan due to uniform benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2018)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 4,889 policyholders, 6,847 subscribers and 10,305 members based on February 2017 membership.

Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group and Individual HMO Data for Vermont members over the time period 1/1/2016 - 12/31/2016, completed through 3/31/2017. All of the members included in this section are enrolled in ACA compliant plans.

MVP does not project to rebate consumers for 2016 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

	Allowed	Incurred
Claims Processed Through Claim System	\$37,503,647	\$29,069,022
Experience Period Costs Not Processed Through Claims System	\$1,100,981	\$989,801
IBNR	\$1,192,914	\$940,083
Total	\$39,797,542	\$30,998,906

Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, ICD-10, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the "Other" category.

Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)

Other Adjustment for Experience Period Leap Year

This adjustment represents the change in the number of days in the rating period as compared to the experience period. Because 2016 was a leap year, the experience period has one less day than the rating period. Therefore, this adjustment is equal to 365 / 366 (rounded to 0.997 in the Template).

Medical Trend Factors

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network. MVP has performed regression analysis on its historical utilization patterns and has determined that a positive utilization trend is necessary and justified for the Outpatient, Other Medical, and Professional lines in the Template.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP's PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

<u>Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)</u>

Because MVP used only MVP Health Plan small group and individual data as the basis for its rate development, no credibility adjustment is necessary to blend the data presented on Worksheet 1 to the data used to develop premium rates. MVP is assuming that its ACA-compliant membership base of 82,377 member months in the experience period is fully credible for rating purposes.

<u>Paid-to-Allowed Ratio and Membership Projection (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)</u>

MVP projects a 75.6% paid-to-allowed ratio in 2018. MVP's projection period membership equals the February 2017 enrollment of the population eligible to purchase these products, or 10,305 members (123,660 member months). On Worksheet 2 of the URRT, members currently enrolled in ACA compliant plans are mapped to their corresponding plan designs for 2018. MVP is not proposing to retire any plans in 2018.

After mapping members to products in the projection period, MVP then computed the weighted average projected claim expense PMPM. The resulting PMPM was compared the projection period Allowed Experience Period Claims PMPM to derive the paid to allowed ratio for 2018.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2016 provided by CMS, MVP is slated to pay \$249,794 into the merged market transfer pool for 2016. This is \$3.03 on a PMPM basis or approximately 0.8% of experience period claims. However, MVP has learned based on conversations between MVP and the state that these interim results reflect claims paid through November 2016 for approximately 90% of the market, whereas MVP's data submission reflected claims paid through December 2016.

MVP has therefore assumed the market-wide average risk factor by comparing how MVP-specific risk factors change from November to December. MVP has compared its entire ACA-compliant book of business for 2016 paid through November to its entire book of business for 2016 paid through December and found that yearly risk score increased by approximately 4.1% with an added month of data. To simulate the increase to the market-wide average risk score, MVP has then assumed that 91.2% of the merged market (based on comparing MVP's membership as of December 2016 to publicly available membership for December 2016) will increase by 4.1% while the remaining 8.8% (reflecting MVP's market share) will not change. This results in a 3.7% increase in MVP's estimated liability for 2016.

Finally, CMS has proposed a change to the risk adjustment formula that removes a percentage of the money paid into/out of the transfer pool to reflect the portion of premium which is not claim-related. This percentage is 14%, so MVP has multiplied its projected 2016 payment by 0.86 to reflect the projected payment for 2018. This ultimate projected liability is \$16.34 PMPM and is reflected on Worksheet 1.

Index Rate and Premium Rate Development

The experience period index rate of \$483.11 is equal to AR44 small group and individual HMO allowed claim data for the time period, 1/1/2016 - 12/31/2016, completed through 3/31/2017. The single risk pool projection period index rate is \$534.00. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustment discussed above in the section labeled, "Projection Factors".

The market adjusted index rate for the projection period equals \$554.75. This value was computed by adjusting the projection period index rate for the federal risk adjustment program and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

Plan Adjusted Index PMPM rates

Plan adjusted index rates are calculated by multiplying the market adjusted index rate times the AV pricing value. The AV pricing value reflects the impact of benefit value, induced utilization, benefits in addition to EHBs, the catastrophic plan adjustment, and the value of non-claim expenses. Please see below for details regarding actuarial values, induced utilization, and non-claim expenses reflected in 2018 premium rates.

Note the AV pricing value does not reflect the expected actuarial value of benefits being offered. Because the market adjusted index rate does not reflect the impact of administrative costs and the AV pricing value accounts for these costs, many of the AV pricing values seen on Worksheet 2 are greater than 1.00.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard Gold 3, non-standard Silver 2 and non-standard Bronze 1 plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

Non Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below.

Federal Taxes PMPM based

A total of \$0.35 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.14 HHS risk adjustment user fee and \$0.21 Patient Centered Outcome Research Fee.

Federal Taxes Premium based

The ACA Insurer Tax is being reinstated for 2018 dates of service. MVP is adding an expense load equal to 1.0% of premium to account for this tax. The load was derived based on the anticipated cost of this tax as a percentage of MVP Health Plan, Inc. revenue in 2018.

State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$38.10 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2016 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.81 PMPM of the \$38.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2014, 2015, and 2016 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2014	\$45.43
Small Group	2014	\$43.01
Combined	2014	\$43.87
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51

*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

Contribution to Reserves/Risk Charge

MVP is building a 2.0% contribution to reserves/risk charge into the VT Exchange premium rates for 2018. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2017 Exchange filing and is consistent with MVP's historical experience for this block.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM and is unchanged from the cost of this rider in 2017.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of February 2017, 24 of the 28 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.618.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.045
Single Risk Pool Total	1.691
Catastrophic Adjustment	0.618

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2017. The SCF = weighted average contract size/ weighted average load ratio.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 89.6%. Please see the following table for a calculation of these loss ratios:

Target Loss Ratio for 2018 VT E	xchange
	ı
A) Claims Expense	\$437.48
B) Taxes/Assessments	\$2.83
C) Quality Improvement	\$3.81
D) Premium	\$495.25
E) Traditional Loss Ratio	88.3%
= A) / D)	
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	89.6%

Terminated Products

There are no products being terminated.

Warning Alerts

There are no Warning Alerts being generated.

Actuarial Certification

I, Eric Bachner, am an Associate of the Society of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

05/12/2017

Date

Eric Bachner, ASA Senior Actuarial Analyst MVP Health Care, Inc.



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2018 ACA Exchange Rate Filing

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2018 Exchange rates for effective dates of coverage between January 1, 2018 and December 31, 2018.

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time.

Increases in premium rates are driven by many factors, including:

- -Increases in use of medical services and prescription drugs by the insured population
- -Increases in hospital and physician required charges for medical care
- -Increases in the price of prescription drugs
- -Expanded covered services due to government mandates
- -Fees and assessments charged by the government to insurers
- -Exit of healthier individuals from the insurance market place as the cost of insurance increases.

The proposed rates reflect an average rate adjustment to prior rates of 6.7%, ranging from 2.3% to 10.5%. There are 4,889 policyholders, 6,847 subscribers and 10,305 members impacted by this rate filing.

Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

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1 A	Unified Rate Re	D viou v4 1	E	F	G	Н	I J	K	L	1 M	0	Р	Q	R	S	Т	U V	X	Υ
2	Offined Nate N	eview v4.1																	
3	Company Legal	Name:	MVP Health Pl	an. Inc.	State:	VT													
4	HIOS Issuer ID:	· · · · · · · · · · · · · · · · · · ·	77566	,		Combined													
5		of Rate Change(s):			a.nee.														
6			_, _,																
7																			
8	Market Level Calcu	lations (Same for all Pla	ans)																
9																			
11	Section I: Experience	e period data																	
12	Experience Period:		1/1/2016	to	12/31/2016														
				Experience Period															
13	Promiums (not of N	/ILR Rebate) in Experie	aco Boriod:	Aggregate Amount \$35,020,356		% of Prem 100.00%													
15	Incurred Claims in		ice reliou.	\$30,998,906	376.31	88.52%													
16	Allowed Claims:	•		\$39,797,542	483.11	113.64%													
17	Index Rate of Expe				\$483.11														
18 19	Experience Period	Member Months		82,377															
20	Section II: Allowed	Claims, PMPM basis																	
21				Experience	e Period			ction Period:	1/1/201		12/31/2018	М	id-point to Mid	d-point, Experie	nce to Projection:	24 ı	months		
22				on Actual Exper	ience Allowed		Adj't. from I Projection	-	Annualiz	ed Trend tors	Projections h	pefore credibility	Adjustment		Credibility Manual				
			Utilization	Utilization per	Average		Pop'l risk	cou	140	.013	Utilization per	Average	-ujustinent	Utilization	Average				
23	Benefit Cate	gory	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
24	Inpatient Hos	•	Days	831.64		\$76.94	1.000	0.997	1.052	1.000	831.64	\$1,224.95	\$84.89	0.00	\$0.00	\$0.00			
25 26	Outpatient H	ospital	Visits	3,599.26	664.92	199.43	1.000	0.997	1.048	1.011	3,678.88	728.09	223.21	0.00	0.00	0.00			
27	Professional Other Medica	al	Visits Other	11,522.49 1,238.50	125.06 47.50	120.08 4.90	1.000 1.000	0.997 0.997	0.996 1.048	1.005 1.011	11,638.00 1,265.90	123.69 52.01	119.95 5.49	0.00	0.00	0.00			
28	Capitation		Benefit Period	12,000.00	13.37	13.37	1.000	1.000	1.067	1.000	12,000.00	15.22	15.22	0.00	0.00	0.00			
29	Prescription I	Drug	Prescriptions	11,065.37	74.17	68.39	1.000	0.997	1.088	1.028	11,693.71	87.54	85.30	0.00	0.00	0.00			
30	Total					\$483.11							\$534.07			\$0.00			
31	Section III: Projecte	d Evnorionco:				Projected Allowed	Claims DNADNA (v	u/applied cred	ibility if ann	licable)			100.00%			0.00%	After Credibility \$534.07	Projected Period	042,524
33	Section III. Projecte	a Experience.				riojectea Allowea		ed Average Fa					100.0076	1		0.00%	0.756	300,0	342,324
34 35								-		rein & Risk Adj	t, PMPM						\$403.75	\$49,9	928,148
35								k Adjustments									<u>-16.48</u>		037,917)
36 37											veries, net of rein pr	rem, PMPM					\$420.23	\$51,9	966,065 0
3/						Projected Incurred		A reinsurance	recoveries,	net of rein pre	II, PIVIPIVI						<u>0.00</u> \$420.23	ÇE1 (<u>U</u> 966,065
40 41 42 43 44 45 46						-										0.200/			
41						Administrative Exp Profit & Risk Load	ense Load									8.38% 2.00%	39.98 9.54		944,092 179,974
42						Taxes & Fees										1.54%	7.35		908,580
43						Single Risk Pool Gro		g. Rate, PMPM									\$477.10	\$58,9	998,711
44						ndex Rate for Proj		<u>.</u> .									\$534.00		
45							% increase or % Increase, a	er Experience	Period								12.23% 5.94%		
47						Projected Member		aunzeu.									3.34%	1	123,660
48																			
49	Information N	lot Releasable to the P		ized by Law: This inf ed to persons not aut									st not be						
50		uissemindleu,	aistributeu, or copie	.u to persons not dui	anonizeu to recei	re are imormation.	Gilautilorizeu	aisciusui e illdy	result iii pi	osccution to ti	c run extent or the i	iaw.							

Product-Plan Data Collection

 Company Legal Name:
 MVP Health Plan, Inc.
 State:
 VT

 HIOS Issuer ID:
 77566
 Market:
 Combined

 Effective Oracle of Rate Change(s):
 1/1/2018
 Combined

Product/	Plan Le	vel Cale	rulations

							Vermont HMO C	Contract Individual												Vermont	HMO Contract Small	all Group
1							77566	5VT004													77566VT005	
	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver
1	0.899	0.820	0.801	0.781	0.720	0.695	0.697	0.685	0.611	0.599	0.618	0.621	0.617	0.618	0.899	0.820	0.801	0.781	0.720	0.695	0.697	0.685
1	1.211	1.024	1.037	0.975	0.907	0.867	0.813	0.815	0.729	0.736	0.729	0.783	0.723	0.501	1.211	1.024	1.037	0.975	0.907	0.867	0.813	0.815
1	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	New	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New
1	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1																						
	FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	FRVT-HMO-S-003-	FRVT-HMOH-S-004	FRVT-HMO-S-001-	FRVT-HMOH-S-002-	FRVT-HMO-B-002-	FRVT-HMOH-B-	FRVT-HMO-B-001-	FRVT-HMO-B-004-	FRVT-HMO-B-005-	FRVT-HMO-C-001-	FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	FRVT-HMO-S-003-	FRVT-HMOH-S-004	FRVT-HMO-S-001-	FRVT-HMOH-S-002
	S (2018)	S (2018)	N (2018)	003-N (2018)	S (2018)	S (2018)	N (2018)	N (2018)	S (2018)	003-S (2018)	N (2018)	S (2018)	N (2018)	N (2018)	S (2018)	S (2018)	N (2018)	003-N (2018)	S (2018)	S (2018)	N (2018)	N (2018)
	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040024	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040025	77566VT0040026	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050024
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
							-1.	75%													-4.94%	
							-0.:	17%													-1.83%	
							4.3	38%													4.19%	
	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
	11.53%	5.39%	9.73%	13.91%	7.80%	9.32%	7.16%	0.00%	10.77%	10.59%	11.28%	0.00%	0.00%	12.87%	11.53%	5.39%	9.73%	13.91%	7.80%	9.32%	7.16%	0.00%
	11.53%	5.39%	9.73%	13.91%	7.80%	9.32%	7.16%	0.00%	10.77%	10.59%	11.28%	0.00%	0.00%	12.87%	11.53%	5.39%	9.73%	13.91%	7.80%	9.32%	7.16%	0.00%
	16.44%	10.47%	14.58%	21.34%	16.75%	17.63%	8.37%	#DIV/0!	17.97%	22.72%	18.31%	#DIV/0!	#DIV/0!	20.60%	16.44%	10.47%	14.58%	21.34%	16.75%	17.63%	8.37%	#DIV/0!
		•					9.2	29%	•												10.85%	
		0.899 1.211 Renewing HMO FRVT-HMO-P-001- 5 (2018) 77560/1004001 11.1318 11.53% 11.53%	0.899 0.320 1.211 1.024 Renewing Renewing HMO FRVT-HMO P-001- FRVT-HMO G-001- 5,2018) 5,2018) 5,2018) 7566/T0540001 7566/T0540001 Ves Ves 11/1/2018 11.53N 5.39% 11.53N 5.39%	0.899 0.820 0.801 1.211 1.024 1.037 Benewing Ben	0.899 0.820 0.801 0.781 1.211 1.024 1.037 0.975 Renewing Renewing Renewing Renewing Renewing Renewing Renewing Service State S	0.899 0.820 0.901 0.781 0.780 1.211 1.024 1.037 0.975 0.907 1.211 1.024 1.037 0.975 0.907 1.0307 1.0307 0.90	0.899 0.820 0.801 0.781 0.792 0.200 0.695 1.211 1.024 1.037 0.975 0.397 0.897 0.897 1.897 1.004 1.037 0.975 0.397 0.897 0.997 0.897	Platinum	0.899 0.820 0.801 0.791 0.720 0.695 0.697 0.685 1.211 1.024 1.077 0.975 0.907 0.865 0.871 0.813 0.815 Renewing	Platinum	Platinum	Platinum	Platinum	Plasmum	Platinum	Platinum	Platinum	Platinum Gold Gold Gold Silver Silve	Platinum	Platinum Gold Gold Gold Gold Gold Silver Silver	Platinum	Platinum Gold Shee Shee Shee Shee Shee Shee Shee Shee Gold Gol

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM

		-																					
Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040024	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040025	77566VT0040026	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050024
Inpatient	\$6.01	\$9.71	\$3.51	\$6.96	\$9.38	\$4.77	\$5.53	\$3.87	\$0.00	\$5.38	\$5.34	\$5.65	\$0.00	\$0.00	\$4.39	\$9.71	\$3.51	\$6.96	\$9.38	\$4.77	\$5.53	\$3.87	\$0.00
Outpatient	\$15.80	\$25.51	\$9.22	\$18.29	\$24.65	\$12.54	\$14.53	\$10.16	\$0.00	\$14.15	\$14.03	\$14.85	\$0.00	\$0.00	\$11.54	\$25.51	\$9.22	\$18.29	\$24.65	\$12.54	\$14.53	\$10.16	\$0.00
Professional	\$8.49	\$13.72	\$4.96	\$9.83	\$13.25	\$6.74	\$7.82	\$5.46	\$0.00	\$7.61	\$7.54	\$7.98	\$0.00	\$0.00	\$6.20	\$13.72	\$4.96	\$9.83	\$13.25	\$6.74	\$7.82	\$5.46	\$0.00
Prescription Drug	\$0.39	\$0.63	\$0.23	\$0.45	\$0.61	\$0.31	\$0.36	\$0.25	\$0.00	\$0.35	\$0.34	\$0.37	\$0.00	\$0.00	\$0.28	\$0.63	\$0.23	\$0.45	\$0.61	\$0.31	\$0.36	\$0.25	\$0.00
Other	\$1.08	\$1.75	\$0.63	\$1.25	\$1.69	\$0.86	\$1.00	\$0.70	\$0.00	\$0.97	\$0.96	\$1.02	\$0.00	\$0.00	\$0.79	\$1.75	\$0.63	\$1.25	\$1.69	\$0.86	\$1.00	\$0.70	\$0.00
Capitation	\$6.05	\$9.77	\$3.53	\$7.01	\$9.44	\$4.80	\$5.57	\$3.89	\$0.00	\$5.42	\$5.38	\$5.69	\$0.00	\$0.00	\$4.42	\$9.77	\$3.53	\$7.01	\$9.44	\$4.80	\$5.57	\$3.89	\$0.00
Administration	-\$2.68	-\$4.24	-\$3.77	-\$3.54	-\$2.99	-\$3.02	-\$2.73	-\$2.59	\$0.00	-\$1.99	-\$2.03	-\$1.97	\$0.00	\$0.00	-\$0.84	-\$4.24	-\$3.77	-\$3.54	-\$2.99	-\$3.02	-\$2.73	-\$2.59	\$0.00
Taxes & Fees	\$4.55	\$6.59	\$5.35	\$5.54	\$5.27	\$4.74	\$4.54	\$4.19	\$0.00	\$3.77	\$3.81	\$3.78	\$0.00	\$0.00	\$2.47	\$6.59	\$5.35	\$5.54	\$5.27	\$4.74	\$4.54	\$4.19	\$0.00
Risk & Profit Charge	\$4.36	\$6.02	\$5.39	\$5.24	\$4.75	\$4.67	\$4.40	\$4.21	\$0.00	\$3.65	\$3.69	\$3.63	\$0.00	\$0.00	\$2.46	\$6.02	\$5.39	\$5.24	\$4.75	\$4.67	\$4.40	\$4.21	\$0.00
Total Rate Increase	\$44.05	\$69.45	\$29.04	\$51.03	\$66.06	\$36.42	\$41.01	\$30.14	\$0.00	\$39.30	\$39.06	\$41.00	\$0.00	\$0.00	\$31.72	\$69.45	\$29.04	\$51.03	\$66.06	\$36.42	\$41.01	\$30.14	\$0.00
Member Cost Share Increase	\$10.83	-\$1.15	\$20.32	\$7.94	-\$1.66	\$16.06	\$13.17	\$20.82	\$0.00	\$12.15	\$12.45	\$10.49	\$0.00	\$0.00	-\$9.57	-\$1.15	\$20.32	\$7.94	-\$1.66	\$16.06	\$13.17	\$20.82	\$0.00
Average Current Rate PMPM	\$433.83	\$602.16	\$538.93	\$524.22	\$474.95	\$466.66	\$439.84	\$420.75	\$0.00	\$365.03	\$368.98	\$363.40	\$0.00	\$0.00	\$246.44	\$602.16	\$538.93	\$524.22	\$474.95	\$466.66	\$439.84	\$420.75	\$0.0
Projected Member Months	123,660	2,436	1.248	348	1.596	5,520	5,580	20.100	0	14,940	9.972	6.168	0	0	336	9.840	2.004	1.692	12.588	4,692	5.268	2,904	

tion III: Experience Period Information

don in. Experience rende information																							
Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002		77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040024	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040025	77566VT0040026	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050024
Plan Adjusted Index Rate	\$409.98	\$576.79	\$514.16	\$502.05	\$445.88	\$430.90	\$408.78	\$416.06	\$0.00	\$342.75	\$332.50	\$341.80	\$0.00	\$0.00	\$230.64	\$576.79	\$514.16	\$502.05	\$445.88	\$430.90	\$408.78	\$416.06	\$0.00
Member Months	82,377	2,134	917	416	508	4,699	3,000	7,981	0	13,590	8,209	2,887	0	0	436	7,670	1,475	1,584	6,891	4,379	3,810	1,495	0
Total Premium (TP)	\$35,020,356	\$1,319,969	\$498,474	\$202,296	\$225,048	\$2,143,730	\$1,320,751	\$3,687,348	\$0	\$4,968,905	\$2,923,173	\$1,069,955	\$0	\$0	\$109,900	\$4,339,388	\$774,042	\$776,942	\$3,148,614	\$1,853,755	\$1,523,078	\$641,488	50
EHB Percent of TP, [see instructions]	100.009	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%
state mandated benefits portion of TP that are other than EHB	0.009	6 0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.009	6 0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%
Total Allowed Claims (TAC)	\$39,441,228	\$3,143,533	\$806,215	\$133,872	\$370,883	\$2,377,712	\$1,511,279	\$4,896,414	\$0	\$3,626,994	\$1,601,999	\$977,565	\$0	\$0	\$36,952	\$5,446,727	\$593,463	\$1,047,346	\$4,399,312	\$2,291,350	\$1,481,548	\$528,767	\$0
EHB Percent of TAC, [see instructions]	99.999	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.009			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.019	6 0.00%	6 0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%
Allowed Claims which are not the issuer's obligation:	\$8,475,667	\$230,806	\$113,270	\$24,991	\$64,862	\$645,416	\$461,309	\$1,073,147	\$0	\$1,309,020	\$644,116	\$273,190	\$0	\$0	\$18,238	\$473,013	\$110,601	\$150,247	\$805,853	\$474,581	\$397,258	\$119,860	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$922,569	\$0	\$0	\$0	\$0	\$276,476	\$176,512	\$469,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50
Portion of above payable by HHS on behalf of insured person, as %	10.889		0.00%	0.00%	0.00%	42.84%	38.26%	43.76%	#DIV/0!	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	\$30,965,561	\$2,912,727	\$692,945	\$108,881	\$306,021	\$1,732,297	\$1,049,970	\$3,823,267	\$0	\$2,317,973	\$957,882	\$704,374	\$0	\$0	\$18,715	\$4,973,715	\$482,862	\$897,099	\$3,593,459	\$1,816,769	\$1,084,290	\$408,907	\$0
Net Amt of Rein	\$478.192.58	\$26.821.79	\$11.525.58	\$5,228.62	\$6 384 94	\$59,060,73	\$37,706,36	\$100.311.49	\$0.00	\$170.809.82	\$103.177.17	\$36,286,09	\$0.00	\$0.00	\$5,479,99	-\$17.257.50	-\$3.318.75	-\$3,564.00	-\$15,504,75	-\$9.852.75	-\$8.572.50	-\$3,363,75	\$0.00
Net Amt of Risk Adj	-\$2,004,831.75			-\$10,124.31	-\$12,363.34	-\$114,360.86	-\$73,011.83	-\$194,235.80				-\$70,261.71			-\$10,611.05	-\$186,666.90	-\$35,897.48	-\$38,550.24	-\$167,708.17	-\$106,572.93	-\$92,725.02	-\$36,384.23	\$0.00
Incurred Claims PMPM	\$375.90				\$602.40		\$349.99	\$479.05		\$170.56		\$243.98		#DIV/0!	\$42.92	\$648.46	\$327.36	\$566.35	\$521.47	\$414.88	\$284.59	\$273.52	#DIV/0!
Allowed Claims PMPM	\$478.79			\$321.81	\$730.08	\$506.00	\$503.76	\$613.51	#DIV/0!	\$266.89		\$338.61		#DIV/0!	\$84.75	\$710.13	\$402.35	\$661.20	\$638.41	\$523.26	\$388.86	\$353.69	#DIV/0!
FHR portion of Allowed Claims PMPM	\$478.76	\$1 473 07	\$879.19	\$321.76	\$729.97	\$506.00	\$503.76	\$613.41	#DIV/01	\$266.89	\$195.15	\$338.54	#DIV/01	#DIV/01	\$84.75	\$710.13	\$402.35	\$661.11	\$638.31	\$523.26	\$388.86	\$353.63	#DIV/01

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77566VT0040001				77566VT0040005		77566VT0040007		77566VT0040009					77566VT0040013		77566VT0050002					77566VT0050007	77566VT0050024
Plan Adjusted Index Rate	\$477.39			\$575.25			\$480.85		\$452.39	\$404.33		\$404.40	\$434.29	\$401.30			\$567.97			\$503.08			\$452.39
Member Months	123,660	2,436	1,248	348	1,596	5,520	5,580	20,100	-	14,940	9,972	6,168	-	-	336	9,840	2,004	1,692	12,588	4,692	5,268		-
Total Premium (TP)	\$59,033,689	\$1,636,042	\$708,827	\$200,187	\$863,452	\$2,777,002	\$2,683,143	\$9,062,889	\$0	\$6,040,690	\$4,068,975	\$2,494,339	\$0	\$0	\$93,462	\$6,608,642	\$1,138,212	\$973,323	\$6,810,234	\$2,360,451	\$2,533,118	\$1,309,385	\$0
EHB Percent of TP, [see instructions]	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	99.98%	100.00%	100.00%	99.98%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.009	99.98%	99.98%
state mandated benefits portion of TP that are other																							
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.009	0.00%	0.00%
Other benefits portion of TP	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.02%	0.00%	0.00%	0.02%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.009	0.02%	0.02%
Total Allowed Claims (TAC)	\$66,025,494	\$1,442,189	\$694,916	\$194,454	\$877,574	\$2,965,873	\$2,965,549	\$10,565,125	\$0	\$7,722,242	\$5,154,364	\$3,188,138	\$0	\$0	\$108,019	\$5,825,590	\$1,115,875	\$945,449	\$6,921,621	\$2,520,992	\$2,799,733	\$1,526,424	\$0
EHB Percent of TAC, [see instructions]	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	99.98%	100.00%	100.00%	99.98%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.009	99.98%	99.98%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.009	0.00%	0.00%
Other benefits portion of TAC	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.02%	0.00%	0.00%	0.02%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.009	0.02%	0.02%
Allowed Claims which are not the issuer's obligation	\$14,052,374	-\$36,382	\$61,719	\$15,479	\$109,280	\$509,404	\$601,584	\$2,630,031	\$0	\$2,491,653	\$1,627,478	\$1,028,682	\$0	\$0	\$31,120	-\$146,960	\$99,107	\$75,258	\$861,919	\$432,993	\$567,947	\$379,981	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$1,035,620	SO SO	\$0	\$0	\$0	\$310,356	\$198,142	\$527,123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	7.37%	0.00%	0.00%	0.00%	0.00%	60.93%	32.94%	20.04%	#DIV/01	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.009	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	\$51,973,120	\$1,478,570	\$633,197	\$178,976	\$768,294	\$2,456,469	\$2,363,965	\$7,935,095	\$0	\$5,230,589	\$3,526,886	\$2,159,456	\$0	SO	\$76,898	\$5,972,550	\$1,016,768	\$870,192	\$6,059,702	\$2,087,999	\$2,231,786	\$1,146,444	\$0
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Şi	\$0	\$0
Net Amt of Risk Adi	-\$2,038,156	-\$40.150	-\$20,569	-\$5,736	-526 305	-590 980	-\$91,969	-\$331 287	\$0	-\$246.240	-\$164.358	-\$101.661	SO.	\$0	-55 538	-\$162 182	-\$33,030	-527.887	-\$207.475	-577 333	-586.827	-\$47.864	50

Bronze	Bronze	Bronze	Bronze	Bronze
0.611	0.599	0.621	0.617	0.618
0.729	0.736	0.783	0.723	0.729
Renewing	Renewing	New	New	Renewing
HMO	нмо	HMO	HMO	HMO
FRVT-HMO-B-002-	FRVT-HMOH-B-	FRVT-HMO-B-004-	FRVT-HMO-B-005-	FRVT-HMO-B-001
S (2018)	003-S (2018)	S (2018)	N (2018)	N (2018)
77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
Yes	Yes	Yes	Yes	Yes
1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
10.77%	10.59%	0.00%	0.00%	11.289
10.77%	10.59%	0.00%	0.00%	11.289
17.97%	22.72%	#DIV/0!	#DIV/0!	18.319

77566VT0050011	77566VT0050026	77566VT0050025	77566VT0050010	77566VT0050009
\$5.65	\$0.00	\$0.00	\$5.34	\$5.38
\$14.85	\$0.00	\$0.00	\$14.03	\$14.15
\$7.98	\$0.00	\$0.00	\$7.54	\$7.61
\$0.37	\$0.00	\$0.00	\$0.34	\$0.35
\$1.02	\$0.00	\$0.00	\$0.96	\$0.97
\$5.69	\$0.00	\$0.00	\$5.38	\$5.42
-\$1.97	\$0.00	\$0.00	-\$2.03	-\$1.99
\$3.78	\$0.00	\$0.00	\$3.81	\$3.77
\$3.63	\$0.00	\$0.00	\$3.69	\$3.65
\$41.00	\$0.00	\$0.00	\$39.06	\$39.30
\$10.49	\$0.00	\$0.00	\$12.45	\$12.15

\$365.03	\$368.98	\$0.00	\$0.00	\$363.40
6,096	7,764	0	0	2,568

77566VT0050011	77566VT0050026	77566VT0050025	77566VT0050010	77566VT0050009
\$341.80	\$0.00	\$0.00	\$332.50	\$342.75
999	0	0	5,418	3,879
\$361,543	\$0	\$0	\$1,744,364	\$1,387,593
99.98%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%
0.02%	0.00%	0.00%	0.00%	0.00%
\$437,998	\$0	\$0	\$2,663,511	\$1,067,788
99.98%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%
0.02%	0.00%	0.00%	0.00%	0.00%
\$99,080	\$0	\$0	\$638,704	\$348,105
\$0	\$0	\$0	\$0	\$0
0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%
\$338,918	\$0	\$0	\$2,024,807	\$719,683
-\$2,247.75	\$0.00	\$0.00	-\$12,190.50	-\$8,727.75
-\$24,312.94	\$0.00	\$0.00	-\$131,859.36	-\$94,404.29
\$339.26	#DIV/0!	#DIV/0!	\$373.72	\$185.53
\$438.44	#DIV/0!	#DIV/0!	\$491.60	\$275.27
\$438.35	#DIV/0!	#DIV/0!	\$491.60	\$275.27

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$404.33	\$408.04	\$434.29	\$401.30	\$404.40
6,096	7,764			2,568
\$2,464,796	\$3,168,023	\$0	\$0	\$1,038,499
100.00%	100.00%	100.00%	99.98%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.02%	0.02%
\$3,150,923	\$4,013,085	SO	\$0	\$1,327,357
40,200,020	4.9020,000	-	-	44,021,000
100.00%	100.00%	100.00%	99.98%	99.98%
100.00%	100.00%	100.00%	27.70%	22.20%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.02%	0.02%
\$1,016,674	\$1,267,122	\$0	\$0	\$428,284
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%
\$2,134,248	\$2,745,963	\$0	\$0	\$899,073
\$0	\$0	\$0	\$0	\$0
-\$100,474	-\$127,966	\$0	\$0	-\$42,326
4200,111		-	-	4.10,000